



CHICO UNIFIED SCHOOL DISTRICT  
Transportation Department  
2455 Carmichael Drive, Chico, CA 95928  
(530) 891-3097 ext. 6 then ext. 0 / Fax (530) 891-3149



## 2024/25 TRANSPORTATION APPLICATION

☐ I understand that on early outs and minimum days the bus will not run early, but at it's regularly scheduled time.

**In order to qualify for general education transportation, students must:**

- ☐ live outside the parent transport area (1 mile elementary/2 miles secondary) and  
☐ attend their school of residence.

**I do not meet the above criteria, however, I am interested in transportation if a route exists and space is available.**

please initial \_\_\_\_\_ I understand that I will be required to pay the applicable fees.

please initial \_\_\_\_\_ If at anytime the bus becomes overcrowded I understand that my transportation privileges may be revoked and a prorated refund may be issued.

### Free/Reduced Transportation

- ☐ My Student(s) is an English Learner  
☐ No, I will not be applying for free/reduced transportation. Payment is required with application.  
We only accept cash or check in office. To pay with card go to Myschoolbucks.com

☐ Yes, I am applying for free/reduced transportation. Household Size \_\_\_\_\_ Monthly Gross Income\* \_\_\_\_\_

**Please note: CUSD may request supporting documentation to verify household income qualifications.**

Please Initial \_\_\_\_\_ Section 41850.1, a local educational agency shall develop a plan describing the transportation services it will offer to its pupils, and how it will prioritize planned transportation services for pupils in transitional kindergarten, kindergarten, and any of grades 1 to 6, inclusive, and pupils who are low income.

### Student's Address

\_\_\_\_\_ Street Address / City / Zip

### Parent Information

#### PRIMARY CONTACT

#### SECONDARY CONTACT

Parent/Guardian:

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Last

\_\_\_\_\_ First

Relationship:

\_\_\_\_\_ Relationship to Student

\_\_\_\_\_ Relationship to Student

Mailing Address:

\_\_\_\_\_ P.O. Box/Street/City/Zip

\_\_\_\_\_ P.O. Box/Street/City/Zip

Phone Numbers:

Home: ( ) \_\_\_\_\_

Home: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

### Additional Contacts

\_\_\_\_\_ Name

\_\_\_\_\_ Relationship to Student

\_\_\_\_\_ Home Phone

\_\_\_\_\_ Cell Phone

\_\_\_\_\_ Work Phone

\_\_\_\_\_ Name

\_\_\_\_\_ Relationship to Student

\_\_\_\_\_ Home Phone

\_\_\_\_\_ Cell Phone

\_\_\_\_\_ Work Phone

By signing, I agree to the Rules and Regulations For Bus Riders as well as the Bus Pass Policy for Chico Unified School District. I understand that this information is available via the District web page. A hard copy of the School Bus Rules which includes the Citation Policy is also available at the Transportation Office. I agree that my child must abide by said rules and understand that bus riding privileges may be suspended for a rule violation and that I would assume full responsibility for the transportation of my child.

Parents are advised that the District does not supervise bus stops and that the District is not responsible for the conduct of students at the bus stop. Parents should not neglect their responsibility for supervising their students until they safely board the school bus.

**STUDENTS NOT PRESENTING VALID PASS WILL NOT BE ALLOWED ON THE BUS.**

Signature of Parent/Legal Guardian \_\_\_\_\_ Today's Date \_\_\_\_\_

Please Complete Student Information on Reverse Side

updated 6/09/2023

# STUDENT INFORMATION

(For Special Education Transportation, Contact School)

Office Use Only

ESCAPE

Customer

Invoice:

TRN24/25-

Office Use Only

Date Received

Entered VersaTrans

Pass(es) Issued

Route Assigned

Please Complete Parent Information on Reverse Side

1. Student circle one M / F #  
Last First Date of Birth Grade Student ID#  
School of Attendance: School of Residence (if different):

## Office Use Only

Bus Pass

AM Pick up location/address Route # Time

PM Drop off location/address Route # Time

2. Student circle one M / F #  
Last First Date of Birth Grade Student ID#  
School of Attendance: School of Residence (if different):

## Office Use Only

Bus Pass

AM Pick up location/address Route # Time

PM Drop off location/address Route # Time

3. Student circle one M / F #  
Last First Date of Birth Grade Student ID#  
School of Attendance: School of Residence (if different):

## Office Use Only

Bus Pass

AM Pick up location/address Route # Time

PM Drop off location/address Route # Time

4. Student circle one M / F #  
Last First Date of Birth Grade Student ID#  
School of Attendance: School of Residence (if different):

## Office Use Only

Bus Pass

AM Pick up location/address Route # Time

PM Drop off location/address Route # Time

## Office Use Only

Date

Amount Paid

Cash/Check/MSB

Receipt #

Input by