



Gateway Community Charters / Transportation

20____ - 20____ BUS PASS APPLICATION

INSTRUCTIONS: Application is required for all bus pass requests. Submit in person at your child's School Office.

Family Information (Parents/ Guardian)

Parent/Guardian First Name:	Parent/Guardian Last Name:	
Primary Contact Phone #:	Alternate Contact Phone #:	Work Phone #:
Home Address:	City:	Zip:
Email Address:		

ACKNOWLEDGEMENTS: By signing below, I indicate that I have read and will discuss with my student/s the Transportation Guidelines concerning the transportation of students and the rules that are enforced on district buses for the safety of students. I also verify that the information contained in this document is true and correct. I understand that falsification of information is cause for revocation of bus pass/es. Signature valid for this school year. **SIGNATURE REQUIRED**

PARENT/GUARDIAN SIGNATURE:

DATE:

Student Information- Bus Route

STUDENT #1		STUDENT #2	
LAST Name:		LAST Name	
First Name:		First Name	
Date of Birth:		Date of Birth	
School:	Grade:	School:	Grade:
Bus Route: <input type="checkbox"/> BLUE <input type="checkbox"/> BLACK <input type="checkbox"/> GREEN <input type="checkbox"/> RED <input type="checkbox"/> ORANGE <input type="checkbox"/> PINK <input type="checkbox"/> PURPLE		Bus Route: <input type="checkbox"/> BLUE <input type="checkbox"/> BLACK <input type="checkbox"/> GREEN <input type="checkbox"/> RED <input type="checkbox"/> ORANGE <input type="checkbox"/> PINK <input type="checkbox"/> PURPLE	
Bus Stop*:		Bus Stop*:	

*Bus stop: Means drop off location for example: Marconi Ave. @ Watt Ave.

DO NOT WRITE IN THIS SECTION - - FOR OFFICE USE ONLY