**Bus Co. use only:**

**Company _____**

**06-07 Rte _____**

# DEPARTMENT OF EDUCATION
## STUDENT TRANSPORTATION SERVICES BRANCH

## APPLICATION FOR REGULAR EDUCATION STUDENT TO RIDE SCHOOL BUS
## FORM ST-70 (Separate form required for EACH student)

**School use only:**

**07-08 Rte _____**

**PART 1:**

Student's legal name: _____ Home Phone: _____
Last name First name

Home Address: _____
Street no. Street name Apt no. (if any) City Zip Code

Mailing address (if different) _____
Street no. Street name Apt no. (if any) City Zip Code

SY 2007-2008 School & Grade: _____

Parent(s)/Guardian(s) Names: _____ _____
Last name First name Last name First name

Parent contact telephone(s): _____

**PART 2: Please complete this section if applying for FREE transportation under one or more conditions below:**

- ☐ Receiving free lunch
- ☐ Foster child
- ☐ For families with more than 3 children, this child is eligible for free a bus passes because 3 OLDER siblings are paying riders

Names, schools and grades of 3 oldest children riding the school bus and paying the bus fare:

_____
_____
_____

**PART 3: Payment selection (you must complete this section unless you are applying for free transportation).**

I elect the following payment plan for my child who is a regular daily rider.

- ☐ $ 85.50 annually in advance – morning and afternoon ride
- ☐ $ 22.50 quarterly in advance – morning and afternoon ride
- ☐ $ 42.75 annually in advance
  - ☐ morning only or
  - ☐ afternoon only
- ☐ $ 11.25 quarterly in advance
  - ☐ morning only or
  - ☐ afternoon only

By signing this application, I confirm I have read and understand the procedures under which my child may ride the school bus that are set forth in the Student Transportation booklet, and I have explained to my child the requirements for students that are set forth on pages 6-7 of the Student Transportation booklet.

_____ _____
Parent or guardian Date

**FOR SCHOOL USE ONLY:**

Student qualifies for free bus pass because:

- ☐ free lunch
- ☐ foster child
- ☐ fourth or younger in family; three older siblings pay bus fare
- ☐ school-directed

Student ID number _____

Reviewer's signature _____

Reviewer's school _____

Date _____