

TAMALPAIS UNION HIGH SCHOOL DISTRICT
APPLICATION FOR REDUCED RATES FOR BOLINAS/STINSON BEACH
BUS SERVICES FOR 2009-2010

Please complete the application, be sure to sign the application, and return it to your child's school. This application cannot be processed without the following information:

- The name of the child or children for whom you are applying for reduced-price bus books,
- The names and income of all other household members,
- The signature of the child's or children's parent or guardian, and
- The Social Security number of the person who signed the application. If the person signing the application does not have a Social Security number, write "none" in the space provided.

SECTION A. STUDENT INFORMATION: ALL HOUSEHOLDS COMPLETE THIS SECTION BY PROVIDING INFORMATION FOR ALL OF THE CHILDREN IN YOUR HOUSEHOLD.

STUDENT / CHILD INFORMATION			FOOD STAMP (FS), CalWORKs, KinGAP, or FDPIR BENEFITS		Is this a FOSTER CHILD? (Must have separate application)		FOR SCHOOL USE ONLY
Last Name	First Name	Current School N/A if not in school	Write "Yes" or "No"	If "Yes," write the FS, CalWORKS, KinGAP, or FDPIR case number	Write "Yes" or "No"	If "Yes," enter the child's monthly personal-use income	Student ID #

SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you entered a Food Stamp, CalWORKs, KinGAP, or FDPIR case number for each child in Section A, or if this application is for a Foster Child and you entered his or her monthly personal-use income, go to the signature block below in Section C.

List all adult household members, regardless of whether or not they have income. Indicate the amount and source of monthly income each household member received last month. If any amount last month was more or less than usual, enter the usual monthly income. Also enter any income received by a child or for a child from full-time or regular part-time employment, or for a child for SSI or Adoption Assistance payments.

Full Name	Gross earnings from work (before deductions) include all jobs	Pension, retirement, Social Security	Welfare benefits, child support, alimony payments	Any other monthly income	FOR SCHOOL USE ONLY Total monthly income

SECTION C. I certify that the above information is true and correct and that all income is reported. I understand this information is given in connection with the receipt of Federal funds, that school officials may verify the information on the application, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal laws.

Signature of adult household member who completed this form:	Telephone Number:	Date:
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