

# Stockton Unified School District

2963 Sanguinetti, Stockton CA 95205

Transportation – 209-933-7145

Fax: 209-943-2553

## Bus Pass Application for TRANSPORTATION

Completed application should be mailed to:

Stockton Unified School District Transportation  
2963 Sanguinetti Ln, Stockton CA 95205

### ONE APPLICATION PER FAMILY

School Year \_\_\_\_\_

*(Please Print Clearly)*

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Have you moved? \_\_\_\_\_

Last year's bus stop: \_\_\_\_\_

Student information (list ALL bus riders) If additional space is needed use the back of the form please.

*(Please Print Clearly)*

	<i>Student Last Name</i>	<i>Student First Name</i>	<i>School</i>	<i>Grade</i>	<i>Medical Condition</i>	<i>Student Id #</i>
1						
2						
3						
4						
5						
6						

*I understand transportation will only transport my child to his/her designated bus stop. I understand my student must present a valid bus pass each trip. **FAILURE TO DO SO MAY CAUSE REFUSAL OF TRANSPORTATION TO THE STUDENT.** Parents are advised that the district does not supervise bus stops.*

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ Received by \_\_\_\_\_ Issued Date: \_\_\_\_\_

Bus Stop: \_\_\_\_\_ AM Route/Time \_\_\_\_\_ PM Route/Time \_\_\_\_\_

Pass numbers: 1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_