

WINDSOR UNIFIED SCHOOL DISTRICT
 TRANSPORTATION DEPT.
 9291 Old Redwood Hwy, Bldg 500
 Windsor, CA 95492
 Phone : 837-7795 Fax 431-2966

APPLICATION FOR FREE OR REDUCED PRICE BUS PASS PROGRAM
PLEASE COMPLETE ONLY ONE APPLICATION PER FAMILY

Please include one of the following verifications of income: Current pay stub with year to date for you and your spouse **or** Income tax return **or** CalWORKS or Food Stamp Case Number.
Your application will not be processed without it!

List the names of the children from your household in Windsor Schools.

Last Name	First Name	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The total number of members living in this household _____

List the names of all adults, 21 years or older, living in the household and their income.
 Income includes wages, pensions, child support, alimony, social security and all other incomes.

Last Name	First Name	Social Security Number	Monthly Gross Wages
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CalWORKS Number _____ Food Stamp Case Number _____

Employment Information:

Parent or Guardian _____	Parent or Guardian _____
Employer's Name _____	Employer's Name _____
Employer's Address _____	Employer's Address _____
Employer's Telephone _____	Employer's Telephone _____

I certify that the facts listed above are accurate to the best of my knowledge and I understand that the Windsor Unified School District may cancel or deny our eligibility under this program for any misuse or resale of these passes, or the misrepresentation of any facts or circumstances connected with this application.

Signature _____ Date _____

Applicant Home Address _____
 Applicant Mailing Address _____
 City _____ Zip _____
 Telephone _____ Daytime Telephone _____