

**OAK GROVE UNION SCHOOL DISTRICT
APPLICATION FOR REDUCED BUS PASS**

SECTION A: HOUSEHOLDS ON FOOD STAMPS or AFDC ONLY

1. List the names of the children eligible for Food Stamps or **AFDC**:

	Last Name	First Name	School	Grade
1.	_____			
2.	_____			
3.	_____			

2. Write the **Food Stamp** or **AFDC** case number:

Food Stamp#: _____ **AFDC#:** _____

3. Go to Section C and sign the Application.

Note: We will randomly check Food Stamp and AFDC Cases.

SECTION B: ALL OTHER HOUSEHOLDS

1. Is this request for a foster child? YES _____ NO _____

2. List the names of the children from your household in school

	Last Name	First Name	School	Grade
1.	_____			
2.	_____			
3.	_____			

3. List the names of the children in the household not in school

	Last Name	First Name	Last Name	First Name

4. List the names of **ALL** adults in the household and their income by source. Write the names of those **21 years or older plus anyone else supporting the household**. Write the **social security number** of the adult who earns the most or the adult who signs this application.

List everyone in the home.

Last Name	First Name	SSN#	Monthly Gross Earnings Including Pension, Welfare, And Other Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION C: I understand that the information on this form is true and correct. I certify that the Food Stamp number or AFDC number is correct and all income is reported. I understand that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution.

Signature of adult household member: _____

Mailing Address: _____ **City:** _____ **Zip:** _____

Physical Address (if different): _____

Home Telephone: _____ **Work Telephone:** _____

Employer: _____ **Address:** _____

School Bus Route or Stop Location: _____

For Official Use Only
APPROVED ___ DENIED ___ DATE _____