

**PINER-OLIVET UNION SCHOOL DISTRICT  
2007 – 2008 School Year**

**SCHOOL TRANSPORTATION PASS APPLICATION FORM**

The semi-annual (per semester) fee schedule for home-to-school transportation service is shown below. Please fill out this form and remit your check or money order (**No Cash Please**) for the appropriate amount. The fee is non-refundable. If you wish, you may remit the fee for the entire school year. We will send a pass for each student and semester you indicate. The passes are non-transferable and forgery or duplicate use of a pass will result in expulsion from the school bus. Passes need to be presented to the school bus driver upon boarding of the bus for each ride. **Fall** semester starts at the beginning of school thru January 18<sup>th</sup>. **Spring** semester is from January 21<sup>st</sup> thru the end of the school year.

**Please do not cut off any of this form.**

Please remit and make your check payable to:

WEST COUNTY TRANSPORTATION AGENCY  
367 W. ROBLES AVE  
SANTA ROSA, CA 95407  
(707) 206-9988 ext. 18  
ATTN: GORDON

**PLEASE NOTE: West County Transportation is not staffed to accept walk-in applications.**

<b><u>07-08 Fees</u></b>	<b><u>Semester:</u></b>	<b><u>Year:</u></b>	<b><u>Monthly:</u></b>
<b>One Way</b>	<b>\$52.50</b>	<b>\$105</b>	
<b>Round Trip</b>	<b>\$96</b>	<b>\$192</b>	<b>\$25</b>
<b>Intradistrict – Parent Request</b>	<b>\$105</b>	<b>\$210</b>	<b>\$28</b>
<b>Intradistrict – District Request</b>	<b>Free</b>	<b>Free</b>	

1.	_____	_____	_____	_____
	NAME OF STUDENT	SCHOOL	GRADE	AMOUNT
2.	_____	_____	_____	_____
	NAME OF STUDENT	SCHOOL	GRADE	AMOUNT
3.	_____	_____	_____	_____
	NAME OF STUDENT	SCHOOL	GRADE	AMOUNT
4.	_____	_____	_____	_____
	NAME OF STUDENT	SCHOOL	GRADE	AMOUNT

TOTAL REMITTED: \$ \_\_\_\_\_

Bus Pass Fees are for the:     **FALL** (due by Sep 14<sup>th</sup>)     **SPRING** (due by Feb 8<sup>th</sup>)  
 **FULL YEAR** (you may pay for both semesters in the Fall, remember to multiply semester fees by 2)

BUS ROUTE #: \_\_\_\_\_ (please include, very important!!)

**Parents Name: (required)** \_\_\_\_\_

**Please mail pass(es) to:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: Those families with moderate income; receive AFDC or Food Stamps may qualify for free or reduced rate passes. Please use the application on the reverse side of this form.