

**TWIN HILLS 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.**

APPLICATION FORM: **TWIN HILLS UNION SCHOOL DISTRICT**

Please send us _____ passes for the following students:	Semester Fees	Booklets
1. _____ <small style="text-align: center;">NAME OF STUDENT</small>	\$54.00	\$30.00
2. _____ <small style="text-align: center;">NAME OF STUDENT</small>	\$43.00	\$30.00
3. _____ <small style="text-align: center;">NAME OF STUDENT</small>	\$29.00	\$30.00
4. _____ <small style="text-align: center;">NAME OF STUDENT</small>	FREE	\$30.00

**BOOKLETS CONSIST OF 15 TICKETS. Students need to give 1 ticket per ride = 15 rides**  
(Fees shown are per semester. If you are paying for the full year, you will need to multiply by 2)

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.