

|                             |  |  |
|-----------------------------|--|--|
| <b>For office use only:</b> | 1 <sup>st</sup> Semester _____ AM / PM | 2 <sup>nd</sup> Semester _____ AM / PM |
| Check #                     | _____                                  | _____                                  |
| Cash                        | _____                                  | _____                                  |
| Income Disclosure           | 8-15-23 / 12-21-23                     | 1-10-23 / 5-31-24                      |

**SAN DIEGUITO UNION HIGH SCHOOL DISTRICT  
Transportation Department  
2023-2024 Bus Pass Application**

School: **Torrey Pines High School**

|                                     |               |                |
|-------------------------------------|---------------|----------------|
| <u>Genevieve &amp; Stevens – SE</u> | <u>7:25AM</u> | <u>3:56 PM</u> |
| Bus Stop                            | Departs       | Returns        |

**Student Information:**

|           |            |               |       |
|-----------|------------|---------------|-------|
| Last Name | First Name | Date of Birth | Grade |
|-----------|------------|---------------|-------|

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

|                                |                      |
|--------------------------------|----------------------|
| Mailing Address (if different) | Students Cell Number |
|--------------------------------|----------------------|

Medical Alert Information (if any)

**Parent/Guardian Information:**

|           |            |              |
|-----------|------------|--------------|
| Last Name | First Name | Relationship |
|-----------|------------|--------------|

|            |            |
|------------|------------|
| Home Phone | Cell Phone |
|------------|------------|

E mail

In order to process your request, we will need to receive the completed **Application**, signed **Code of Conduct** and **Transportation Fee** in cash or check payable to SDUHSD. If you qualify for free transportation under the district’s guidelines, please complete the Income Disclosure Qualification Form and bring all supporting documents. Bus transportation fees are non-refundable. **Completed forms should be submitted in person: SDUHSD Transportation Department, 1142 Bonita Dr, Encinitas Ca 92024 . Once the application is processed we will email to confirm your student’s bus pass. Please have your student arrive at the bus stop 5 minutes before the scheduled departure time.** If you have any questions regarding this application or the transportation policies, please contact the Transportation Department at (760)753-8298 ext. 6063

**SAN DIEGUITO UNION HIGH SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT  
STUDENT CODE OF CONDUCT**

As a student of the San Dieguito Union High School District (SDUHSD), I understand that the rules dictated in the SDUHSD Discipline Policy and the rules dictated in the Athletic Handbook for Students, Parents & Supporters apply to me while I am riding the bus. I agree to follow those rules and understand that if I break them, I am subject to disciplinary action. Furthermore, while riding the bus, I understand that the following rules and consequences apply:

1. I will not shout, use unacceptable language, or speak rudely to any individual while on the bus.
2. I will remain in my seat at all times and will not move from my position until I get off the bus, unless I am advised to do so by the driver. **I will wear my seatbelt at all times.**
3. **I will not stick my hands or arms outside the windows. Windows must not be lowered more than half way.**
4. I will not litter or throw objects inside the bus or out of the bus windows.
5. I will not vandalize the bus.
6. I understand that smoking and/or the use or possession of any illegal substances is strictly forbidden.
7. I will not **eat or drink on the bus. I will not eat candy or chew gum while on the bus.**
8. I understand that fighting of any kind will not be tolerated.
9. I understand that creating or participating in any type of disturbance on the bus will not be tolerated.
10. I will follow the directions given by the bus driver.

Consequences of Disciplinary Action

In the case of severe or multiple infractions, the consequences of the 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> level may be imposed.

|           |   |   |
|-----------|---|---|
| Level 1   | - | Student counseled by Principal  |
| Level 2   | - | Student suspended from riding the bus for 3 days and/or have an in-school detention   |
| Level 3   | - | Student suspended from riding the bus for 2 weeks and/or have a Saturday school   |
| Level 4   | - | Student suspended from riding the bus for the remainder of the school year and/or suspended from school for a minimum of 2 days                           |
| Exception | - | Threat of bodily harm, violence, or severe unsafe behavior is cause for immediate suspension from school in accordance with §48900 of the Education Code. |

**School of Attendance:** \_\_\_\_\_

\_\_\_\_\_  
**Student Name** (Please Print)

\_\_\_\_\_  
**Parent / Guardian Name** (Please Print)

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Dated**

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Dated**

INCOME DISCLOSURE QUALIFICATION FOR LOW INCOME STATUS  
 SAN DIEGUITO UNION HIGH SCHOOL DISTRICT  
 1142 Bonita Drive  
 Encinitas, CA 92024  
 Transportation Department (760) 753-8298

**2023-24**

To apply for free school bus transportation, you must return this disclosure application completed and signed, accompanied by approved income verification documents, and a completed bus pass application. Upon approval, this application will be valid for one school semester only. A new application is required for each semester. Incomplete information may delay processing; incorrect information may result in loss of benefits and/or legal action.

**I. HOUSEHOLD MEMBERS:**

A. Adult Members

| Name (Last, First) | Social Security Number |
|--------------------|------------------------|
| 1.                 |                        |
| 2.                 |                        |
| 3.                 |                        |
| 4.                 |                        |

B. Children for whom application is made

| Name (Last, First) | School | Grade |
|--------------------|--------|-------|
| 1.                 |        |       |
| 2.                 |        |       |
| 3.                 |        |       |
| 4.                 |        |       |

C. Other Children (List names of all other children who live in your household)

|    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

**II. INCOME:**

Income is the money (not food stamps) received by all members of your economic family household. It includes salary or wages; earnings from self-employment, including farming; welfare and unemployment; child support and alimony; strike benefits; social security, pensions, retirement and disability payments; dividends, interest, rent, or other income from stocks, bonds, deposits, real estate, or other investments; and any other fiscal income received, deposited to your account, or withdrawn from any source that would be available for payment of transportation.

| FAMILY SIZE** | MONTHLY GROSS INCOME | FAMILY SIZE** | MONTHLY GROSS INCOME |
|---------------|----------------------|---------------|----------------------|
| 1             | \$0 - \$1,580        | 5             | \$0 - \$3,807        |
| 2             | \$0 - \$2,137        | 6             | \$0 - \$4,364        |
| 3             | \$0 - \$2,694        | 7             | \$0 - \$4,921        |
| 4             | \$0 - \$3,250        | 8             | \$0 - \$5,478        |

For each additional family member, add \$557.

\*\*"Family" is defined as a group of related or non-related individuals who are living in one economic unit.

A. SOURCES OF INCOME:

List by source, the total monies received by all household members BEFORE DEDUCTIONS (Weekly incomes must be multiplied by 4.33, biweekly incomes must be multiplied by 2.15, annual incomes must be divided by 12. *Income verification is required at the time of application. Please provide copies of income verification documents as described on page 3 of this application.*

| SOURCE AND ADDRESS OF INCOME | EMPLOYER'S PHONE NUMBER | MONTHLY INCOME |
|------------------------------|-------------------------|----------------|
| 1.                           |                         |                |
| 2.                           |                         |                |
| 3.                           |                         |                |
| 4.                           |                         |                |

B. TOTAL MONTHLY INCOME OF ALL HOUSEHOLD MEMBERS \_\_\_\_\_

C. TOTAL NUMBER OF MEMBERS IN HOUSEHOLD \_\_\_\_\_

III. SIGNATURE:

I hereby certify that all of the above information is true and correct and that all income is reported. I understand that school officials may verify the information on the application; that the social security numbers furnished on this application may be used to verify the information on this application; and that a deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal statutes. Further, I certify that all adult household members have been informed that Social Security numbers may be utilized to verify income. **I understand that I will receive communication from the Transportation Department informing me of approval/denial of this application.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (PLEASE PRINT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

**FOR OFFICE USE ONLY (Do not write below this line)**



Determination:    Approved    Denied    Reason: \_\_\_\_\_  
                   

Income Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

# ACCEPTABLE VERIFICATION DOCUMENTATION

In order to comply with the verification request, please provide documents that show your household's income at the time you applied for benefits or you may submit papers from time of application up to time of verification. Examples of types of acceptable documents are listed below:

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## **HOUSEHOLDS receiving Food Stamp, California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (Kin-GAP), and the Food Distribution Program on Indian Reservation (FDPIR) benefits:**

Provide documents that show your household's current participation in this program. No other income information is required. Acceptable documents include:

- ✓ Food Stamp/CalWORKs/Kin-GAP/FDPIR certification notice showing eligibility period;
- ✓ Copy of CalWORKs warrant;
- ✓ Letter from the Food Stamp, CalWORKs, Kin-GAP, or FDPIR office stating you now receive benefits; or
- ✓ Authorization to Participate (ATP) card with current date, clearly identifying you or your child's Food Stamp, CalWORKs, Kin-GAP, or FDPIR eligibility.

A monthly Benefit Issuance Receipt, or an Electronic Benefit Transfer (EBT) card **is not proof** of Food Stamp Program eligibility. If your Food Stamp eligibility has ended, you must provide proof of your current income and send the necessary documents listed on this page.

### **Other Welfare Payments**

- ✓ Benefit letter from the welfare agency stating the amount of the benefit

## **ALL OTHER HOUSEHOLDS**

### **Earnings/Wages/Salary**

- ✓ Paycheck stub that shows how much and how often income is received
- ✓ Letter from employer stating amount of gross wages paid and how often they are paid
- ✓ Business or farming papers, such as ledger or tax books

### **Social Security/Pensions/Retirement**

- ✓ Social security benefit letter
- ✓ Statement of benefits received
- ✓ Pension award notice

### **Unemployment Compensation/Disability or Worker's Compensation**

- ✓ Copy of the unemployment/disability/worker's compensation award letter
- ✓ Check stub

### **Child Support/Alimony**

- ✓ Court decree, agreement, or copies of checks received

### **All Other Income**

If you have other types of income (such as rental income, etc.), provide information or documents that show the amount of income received, how often it is received, and the date received.

*For example:*    **Self-Employment Income**

- ✓ Business or farming documents, such as ledger books
- ✓ Last quarterly tax estimate and last year's tax return

### **Zero or No Income**

If you have no income, submit a brief note explaining how you provide food, clothing, and housing for your household and when you expect an income.

If you have any questions or need help in deciding on the kind of information to provide, please call (760) 753-8298, ext. 5063.