

BUS PASS AND TICKET APPLICATION

PARENT/GUARDIAN NAME: _____ Email _____

ADDRESS: _____ APT/SPACE# _____ CITY/STATE/ZIP _____

PHONE: _____

FULL YEAR: 8/15/24 – 6/17/25

HALF YEAR: FALL SEMESTER

8/15/2024 – 1/24/2025

SPRING SEMESTER

1/27/2025 – 6/17/2025

<u>STUDENT(S) NAME</u>	<u>SCHOOL</u>	<u>GRADE</u>	<u>BUS STOP</u>	FULL YEAR		HALF YEAR			
				HALF YR	FULL YR	HALF YR AM PM	FULL YR AM PM		
1.				\$150.00	\$300.00	\$75.00	\$150.00	Ticket Book	
								40 tickets/\$45.00	
2.				\$150.00	\$300.00	\$75.00	\$150.00	Single Tickets	
								\$2 each/ _____ QTY	
3.				\$75.00					

