



Santa Barbara Unified
Every child, every chance, every day.

**METROPOLITAN TRANSIT DISTRICT (MTD)
REDUCED BUS PASS APPLICATION**

School Year: _____

School Name: _____

Per Administrative Regulation 3540.1 the Santa Barbara Unified School District will provide for a reduction in the cost of bus passes for qualified junior and high school students who ride busses operated by MTD. To apply, the student must live at least three miles from the school of residence, qualify for free or reduced meals and not be on an intra-district transfer.

INSTRUCTIONS: Complete the requested information below and return the application to the principal's office or the business office. One application per requesting student. Application must be resubmitted for approval each school year

NOTE: This application takes approximately 1-2 weeks processing time

Name of student requesting reduced bus passes: _____ Number of school-age children: _____

Student residing address: _____

Student home phone: _____ Parent work/cell number: _____

Student qualifies for free or reduced meals Yes: _____ No: _____

***A copy of the free/reduced meal eligibility letter from Child Nutrition Services must be attached.**

A copy may be requested by calling 963-4338 ext. 6279

Reason/circumstances we are applying for reduced bus passes: _____

Parent/guardian signature: _____ Date: _____

NOTE: A REDUCED BUS PASS WILL NOT BE SOLD UNTIL APPLICATION HAS BEEN APPROVED AND VERIFIED

FOR OFFICE USE ONLY

Number of miles from school of residence: _____

Intra-district transfer: Yes ____ No ____ Qualifies for free or reduced meals: Yes ____ No ____

Applications will not be processed without a copy of the free/reduced meal eligibility letter from Child Nutrition Services

School site
Principal/Designee signature: _____ Date: _____ Approved: ____ Not Approved: ____

Deputy Superintendent
signature: _____ Date: _____ Approved: ____ Not Approved: ____