



**CONEJO VALLEY UNIFIED SCHOOL DISTRICT  
HOME TO SCHOOL TRANSPORTATION APPLICATION  
ONE APPLICATION PER FAMILY**

**NOTE:** Please indicate a bus number and stop number from the Bus Schedule for each student listed. **The route and stop you select will be the only one your child is allowed to use.** When selecting afternoon bus stops, please keep in mind that students are not allowed to cross a divided roadway or a four-lane roadway when exiting a school bus. A list of stop numbers for each school is enclosed/available.

**Be sure to indicate by entering a Y (yes) or N (no) under PM Cross Street, to indicate whether your child immediately crosses the street to the left when exiting the bus in the afternoon.**

STUDENT'S FULL NAME	SCHOOL	GRADE	AM BUS INFORMATION		PM BUS INFORMATION		PM CROSS STREET?	PRICE
			Route/BUS	STOP #	Route/BUS	STOP #	Y/N	
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

\* Students must be outside of any waiting vehicle for pick up

**TOTAL PRICE** \_\_\_\_\_

FEE SCHEDULE (Per Semester) * Discount for one payment (in August) for entire year	ROUND TRIP		ONE WAY	
	Sem	Entire Year*	Sem	Entire Year*
First student	\$210 /	\$375*	\$110 /	\$200*
Each Additional Student	\$190 /	\$350*	\$100 /	\$180*

- There will be a **\$10.00** fee to replace a lost bus pass.
- Students are required to show student ID pass to the bus driver both morning and afternoon.
- **Fees are due twice each school year on August 15 and January 15.**

- To apply for the free and reduced price transportation program, you are required to fill out this Transportation Application, the "Free and Reduced Price Transportation Application", and supply all required documentation. The reduced rate is \$85.00 for round trip or \$50.00 for one way per semester.

**NAME** \_\_\_\_\_  
(Parent or Guardian) (Home Phone) (Work Phone)

**ADDRESS** \_\_\_\_\_  
(Street) (City) (State) (Zip)

I have reviewed the rules for safe bus conduct and bus danger zone with my child, and have retained the documents for future reference. I agree that my child will abide by these rules and understand that should my child not comply, transportation may be denied. In this event, I have the responsibility of arranging for transportation for my child and understand that there will be no refund made for lost services. I further understand that **there will be no refunds made for any reason except moving out of the area.**

**Method of Payment:** Check \_\_\_\_\_ Money Order \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

**If Paying with Credit Card:** Print Name of cardholder \_\_\_\_\_

Account Number: \_\_\_\_\_ Security# \_\_\_\_\_

Amount \_\_\_\_\_ Exp.Date \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_

**FAX #805-497-2581 (Required)** \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE

MAIL or FAX THIS APPLICATION WITH PAYMENT (payable to CVUSD) TO: CONEJO VALLEY UNIFIED  
SCHOOL DISTRICT, TRANSPORTATION DEPARTMENT, 1400 E. JANSSE RD., THOUSAND OAKS, CA 91362  
Rev. 4/25/17