

Conejo Valley Unified School District

1400 E. Janss Road
Thousand Oaks, CA 91362

January 20__

To Parent/Guardian:

Your family was previously qualified for the reduced home to school transportation program. The application you completed in the fall will remain on file. You do not need to complete another. In order to enroll your child in this program for the second semester, and to reserve a seat on the bus from February through June, please complete the bottom portion of this letter and return with your payment to the address below. Unless you indicate differently, your child's transportation will remain the same for the second semester.

We now accept MasterCard and Visa.

<u>FEE SCHEDULE</u>	<u>ROUND TRIP</u>	<u>A.M. ONLY</u>	<u>P.M. ONLY</u>
Each student	\$85	\$50	\$50

If you pay in full for the semester, you do not need to complete any other form. However, if you choose the two-payment plan, you must complete the Two Payment Agreement and return with your first check. There is a \$10 processing charge per child for the two-payment plan.

Elementary students will receive a sticker to be placed over the expiration date on their current passes. All middle school students will need to go to the student store (Colina) or school office to receive their sticker for their bus pass after payment has been sent to the Transportation Office to validate it for the second semester. **Passes must be validated with a sticker, between January 15-20. Students will be required to show this pass to the bus driver both morning and afternoon to ride the bus.** Replacement bus passes cost \$10.00, in addition to any fees for a new student identification card.

If your income has decreased significantly since the Fall Semester and you have questions regarding eligibility for the free transportation program, or desire any further information, please contact Janet Boland, 497-9511, Ext. 207. **Verification** of financial hardship must be submitted and approved.

Student's Full Name _____ _____ _____ _____	School _____ _____ _____ _____	Please review the rules for safe bus conduct with your child. Your signature below indicates that you agree that your child will abide by these rules and understand that should your child not comply, transportation may be denied. In this event, you will have the responsibility of arranging for transportation for your child. If you cannot locate your copy of the rules, there will be copies available in the school office.
---	--	---

I 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: _____ Amount: _____ Exp. Date: _____ Zip Code: _____

Address : _____ Phone : _____

FAX 805-497-2581

SIGNATURE OF PARENT/GUARDIAN

DATE

COMPLETE BOTTOM PORTION AND MAIL WITH PAYMENT TO: CONEJO VALLEY UNIFIED SCHOOL DISTRICT, TRANSPORTATION DEPARTMENT, 1400 E. JANSS RD., THOUSAND OAKS, CA 91362. Rev 01/06/14