



Eric Tarallo, Superintendent

SPRECKELS UNION SCHOOL DISTRICT

P. O. Box 7362, 130 Railroad Ave, Spreckels, CA 93962
(831) 455-2550 • Fax: (831) 455-1296

August 2025

To Parents and Guardians of Spreckels Union School District Students:

In order to offset the costs of providing transportation services to our families, all students transported by Spreckels Union School District are assessed a transportation fee.

Transportation fees for the 2025-26 year are \$300.00 for one student, \$500.00 for two students, \$550.00 for 3 or more.

The District recognizes that this fee may cause financial hardship for some of our families. Should this be the case for you, please feel free to contact the District Office to make a payment arrangement. Also, carefully review the attached sheet that provides income guidelines for the free transportation. All requests are completely confidential.

1. Fees are due within the first month of the school year unless payment arrangements have been made. Payment arrangements require an initial payment of ½ of the amount due.
2. If you move out of the District, a refund will be available on a pro-rated basis. Refunds must be requested in writing.
3. There is no reduction in fees for one-way service or for occasional use of the service.
4. Under the following conditions, parent/guardians may be exempt from paying the fee:
 - a) When the students are Special Education students whose IEP requires transportation services;
 - b) When the students are foster children and appropriate documentation is submitted;
 - c) When the students are from families with income levels at or below annually established income levels.
5. All applications for free transportation must be renewed annually.
6. Bus fees will not be refunded to students denied the use of transportation services due to behavior.
7. Students enrolling after the transportation fee due date will have five working days to pay for transportation or make payment arrangements.
8. **Students owing transportation fees from the previous school year will be denied transportation services until both prior year and current year transportation fees are paid.**

If you want your student(s) to ride the bus during the 2025-26 school year, please complete the attached application and return it (with your check or completed application for free transportation) to the District Office located at 130 Railroad Ave, Spreckels, or your school offices no later than Friday, August 29, 2025. If mailing the application please send to SUSD District Office, PO Box 7362, Spreckels, CA 93962

If you have any questions, please contact Heather Brodehl at (831) 455-2550 ext. 314.

ATENCION:

Si necesita ayuda para interpretar, por favor venga a la oficina de la escuela o llame para asistencia; (831) 455-1831 ext. 100

Note: Spreckels Union School District does not accept post dated checks. Furthermore, a returned check will be subject to one or all of the following: bank charges incurred by the District, a \$38.00 administrative fee, referral to the District Attorney's Bad Check Unit for collection.

SPRECKELS UNION SCHOOL DISTRICT
APPLICATION FOR SCHOOL BUS TRANSPORTATION

Dear Parents/Guardians:

If your child/children will be utilizing District School Bus Transportation, please complete the form below and return it to the District Office with a check for the appropriate amount or a completed application for free transportation (blue form). You can also pay your fee online through the Aeries Portal (fees apply). Please do not send cash. Your canceled check will serve as your receipt.

If you have any questions, please contact Heather Brodehl, 455-2550 ext.314 or HBrodehl@susd.net for further information.

FEE PAYMENT/FREE APPLICATION DEADLINE: Friday, August 29, 2025

FEE SCHEDULE

\$ 300.00 for one student
\$ 500.00 for two students
\$ 550.00 for three or more students

Parent Name: _____

Residence Address: _____

(Include zip code)

Bus to Address (if different from above): _____

STUDENTS:

	Last Name	First Name	Grade	Fee Paid
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____

Total Bus Fee Enclosed \$ _____

Atencion

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For District Office Use Only:

Check Number: _____ **Date Paid:** _____ **Amount Paid \$** _____

SPRECKELS UNION SCHOOL DISTRICT
APPLICATION FOR FREE SCHOOL BUS TRANSPORTATION

To Parents/Guardians:

To apply for free school bus transportation service you must return a completed and signed application, **including proof of income**, to the District Office.

Note: Special Education students whose Individualized Education Programs (IEP) calls for transportation services shall be granted free busing. A parent application form is not required.

FREE APPLICATION DEADLINE: Friday, August 29, 2025

I hereby apply for free school bus transportation for:

	STUDENT'S NAME (Please Print)	GRADE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

I believe we are qualified based upon the following:

CHECK ONE:

_____ 1. Foster child/ren; _____, _____.

Verification:

A. Certification of Foster Child Status

B. Legal authority for the child is maintained by:

Agency: _____ Welfare/Placement: _____

_____ 2. Family Income (for size of family) is at or below the following levels:

Income Eligibility Guidelines					
household size	year	month	twice per month	every two weeks	week
1	\$ 28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,504	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
For each additional family member, add:	\$ 10,175	\$ 848	\$ 424	\$ 383	\$ 197

APPLICATION FOR FREE SCHOOL BUS TRANSPORTATION

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INCOME ELIGIBILITY GUIDELINES VERIFICATION:

Total number in family now living in this household _____

Total family income before deductions. Includes wages of all working members living in this household (including parents, children, grand-parents, etc.) as well as welfare payments, pensions, social security, and all other income.

INCOME: Yearly \$ _____ Monthly \$ _____ Weekly \$ _____

Family means a group of related or non-related individuals living as one economic unit.

PARENT / GUARDIAN CERTIFICATION:

I hereby certify that all of the above information is true and correct.

I understand school officials may verify the information on this application.

Signature of Parent/Guardian

Please Print Name

Address

Phone

City, State, Zip Code

Date

District Office Use Only

District Verification:

Based on my review of this application, free school bus transportation is:

_____ **Approved**

_____ **Denied**

Atencion

Si necesita ayuda para interpretar, por favor venga a la oficina de la escuela o llame para asistencia. (831) 455-1831 ext. 100