



**CHICO UNIFIED SCHOOL DISTRICT**  
 Transportation Department  
 2455 Carmichael Drive, Chico, CA 95928  
 (530) 891-3097 ext. 6 then ext. 0 / Fax (530) 891-3149



**2026/2027 TRANSPORTATION APPLICATION**

please initial \_\_\_\_\_ I understand that on early outs & minimum days the bus will not run early,  
 But at it's regularly scheduled time.

- live outside the parent transport area (1 mile elementary/2 miles secondary) and
- attend their school of residence.

**I do not meet the above criteria, however, I am interested in transportation if a route exists and space is available.**

please initial \_\_\_\_\_ I understand that I will be required to pay the applicable fees.

please initial \_\_\_\_\_ If at anytime the bus becomes overcrowded I understand that my transportation  
 privileges may be revoked and a prorated refund may be issued.

**Free/Reduced Transportation**

- My Student(s) is an English Learner
- No, I will not be applying for free/reduced transportation. Payment is required with application.  
 We only accept cash or check in office. To pay with card go to Myschoolbucks.com

Yes, I am applying for free/reduced transportation. Household Size \_\_\_\_\_ Monthly Gross Income\* \_\_\_\_\_  
 Please note: CUSD may request supporting documentation to verify household income qualifications.

Please Initial \_\_\_\_\_ Section 41850.1, a local educational agency shall develop a plan describing the transportation services it will offer to its pupils, and how it will prioritize planned transportation services for pupils in transitional kindergarten, kindergarten, and any of grades 1 to 6, inclusive, and pupils who are low income.

**Student's Address**

\_\_\_\_\_ Street Address / City / Zip

**Parent Information**

**PRIMARY CONTACT**

**SECONDARY CONTACT**

Parent/Guardian:

\_\_\_\_\_ Last \_\_\_\_\_ First

\_\_\_\_\_ Last \_\_\_\_\_ First

Relationship:

\_\_\_\_\_ Relationship to Student

\_\_\_\_\_ Relationship to Student

Mailing Address:

\_\_\_\_\_ P.O. Box/Street/City/Zip

\_\_\_\_\_ P.O. Box/Street/City/Zip

Phone Numbers:

Home: (    ) \_\_\_\_\_

Home: (    ) \_\_\_\_\_

Cell: (    ) \_\_\_\_\_

Cell: (    ) \_\_\_\_\_

Work: (    ) \_\_\_\_\_

Work: (    ) \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**Additional Contacts**

Name	Relationship to Student	Home Phone	Cell Phone	Work Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

By signing, I agree to the Rules and Regulations For Bus Riders as well as the Bus Pass Policy for Chico Unified School District. I understand that this information is available via the District web page. A hard copy of the School Bus Rules which includes the Citation Policy is also available at the Transportation Office. I agree that my child must abide by said rules and understand that bus riding privileges may be suspended for a rule violation and that I would assume full responsibility for the transportation of my child.

Parents are advised that the District does not supervise bus stops and that the District is not responsible for the conduct of students at the bus stop. Parents should not neglect their responsibility for supervising their students until they safely board the school bus.

**STUDENTS NOT PRESENTING VALID PASS WILL NOT BE ALLOWED ON THE BUS.**

Signature of Parent/Legal Guardian \_\_\_\_\_ Today's Date \_\_\_\_\_

# STUDENT INFORMATION

(For Special Education Transportation, Contact School)

Office Use Only	
ESCAPE	
Customer	_____
Invoice:	TRN26/27-_____

Office Use Only	
_____	Date Received
_____	Entered VersaTrans
_____	Pass(es) Issued
_____	Route Assigned

Please Complete Parent Information on Reverse Side

1. Student \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ <sup>circle one</sup> M / F \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ # \_\_\_\_\_ Student ID# \_\_\_\_\_

School of Attendance: \_\_\_\_\_ School of Residence (if different): \_\_\_\_\_

*Office Use Only*

AM Pick up location/address \_\_\_\_\_ Route # \_\_\_\_\_ Bus Pass \_\_\_\_\_ Time \_\_\_\_\_

PM Drop off location/address \_\_\_\_\_ Route # \_\_\_\_\_ Time \_\_\_\_\_

2. Student \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ <sup>circle one</sup> M / F \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ # \_\_\_\_\_ Student ID# \_\_\_\_\_

School of Attendance: \_\_\_\_\_ School of Residence (if different): \_\_\_\_\_

*Office Use Only*

AM Pick up location/address \_\_\_\_\_ Route # \_\_\_\_\_ Bus Pass \_\_\_\_\_ Time \_\_\_\_\_

PM Drop off location/address \_\_\_\_\_ Route # \_\_\_\_\_ Time \_\_\_\_\_

3. Student \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ <sup>circle one</sup> M / F \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ # \_\_\_\_\_ Student ID# \_\_\_\_\_

School of Attendance: \_\_\_\_\_ School of Residence (if different): \_\_\_\_\_

*Office Use Only*

AM Pick up location/address \_\_\_\_\_ Route # \_\_\_\_\_ Bus Pass \_\_\_\_\_ Time \_\_\_\_\_

PM Drop off location/address \_\_\_\_\_ Route # \_\_\_\_\_ Time \_\_\_\_\_

4. Student \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ <sup>circle one</sup> M / F \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ # \_\_\_\_\_ Student ID# \_\_\_\_\_

School of Attendance: \_\_\_\_\_ School of Residence (if different): \_\_\_\_\_

*Office Use Only*

AM Pick up location/address \_\_\_\_\_ Route # \_\_\_\_\_ Bus Pass \_\_\_\_\_ Time \_\_\_\_\_

PM Drop off location/address \_\_\_\_\_ Route # \_\_\_\_\_ Time \_\_\_\_\_

Office Use Only				
Date	Amount Paid	Cash/Check/MSB	Receipt #	Input by