



Ocean View School District • 17200 Pinehurst Lane • Huntington Beach, CA 92647-5569
(714)847-2551 • www.ovsd.org

Annual Pass

One application per student
 \$90.00 per student

MySchoolBucks
Confirmation No. _____

Annual Bus Pass Valid from: 9/04/2019 through 06/18/2020

PLEASE PRINT CLEARLY

PLEASE PRINT CLEARLY						DISTRICT OFFICE USE ONLY			
STUDENT LAST NAME:		FIRST NAME:		MI:		SCHOOL ID#		SCHOOL YEAR:	
BIRTH DATE-MM/DD/YY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SCHOOL:		GRADE:		PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> MySchoolBucks.com (bring receipt) <input type="checkbox"/> NSLP			
PARENT/GUARDIAN NAME:			PRIMARY TELEPHONE NUMBER:						
RESIDENCE STREET ADDRESS:			ALTERNATE TELEPHONE NUMBER:						
CITY:		ZIP CODE:	<input type="checkbox"/> I need to request a secondary drop off stop (Complete Alternate Stop)			BUS STOP		BUS STOP	
* <input type="checkbox"/> have submitted an application for the Free/Reduced Lunch Program for the 19-20 School Year.						PM ADDITIONAL STOP #		PM ADDITIONAL STOP #	
* <input type="checkbox"/> My child qualified for the Free/Reduced Lunch Program in 2018-2019.						ISSUE DATE:	ISSUE METHOD: <input type="checkbox"/> BY MAIL <input type="checkbox"/> IN PERSON		TEMP ISSUED: <input type="checkbox"/> NO <input type="checkbox"/> YES

* I, _____, declare under penalty of perjury that the foregoing is true and correct.
Executed in Orange County, California, this ____ day of _____, 2019/2020.

Signature of Parent/Guardian

Date

PLEASE REMEMBER:

- Your child must be registered at his/her school of attendance and with the Transportation Department under the same name.
- Fill out a separate application for each child applying for a bus pass.
- If you are applying for free bus service due to income level, please indicate it on the space provided in this page.
- If you are applying for free service due to Special Education, it must be indicated in your child's Individual Education Program (IEP). RSP and DIS students do not qualify for free transportation.
- Your child will be assigned to the safest stop for your residence.
- If your child is going to childcare, other than your residence, you must complete the Parent Acceptance of Responsibility form on the reverse side of this application and the Alternate Stop Designation section of the next page.
- Be advised that the District does not supervise bus stops and is not responsible for the control and conduct of students at the bus stops. Parents are encouraged to supervise their children until they are safely aboard the school bus.
- Prorated refunds will be made based on the date the ORIGINAL bus pass is received at your child's school main office, minus a \$10.00 service charge.

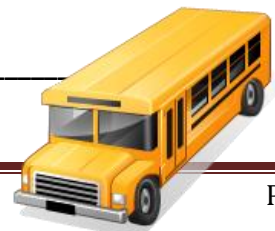
PAYMENT OPTIONS

- CASH: Bring your payment to the school's Main Office or to the Accounting Department (Building B) at the District Office.**
- CREDIT/DEBIT CARD: Via www.MySchoolBucks.com**

I understand that my child must present a valid pass and/or other ridership authorization for each trip. Persistent failure to do so will cause refusal of transportation to your child. I have reviewed the Safe Riding and Bus Conduct Rules with my child and we understand our responsibilities.

Signature of Parent/Guardian

Phone Number (daytime)



PARENT/GUARDIAN CERTIFICATION

I, _____, certify that my child, _____, has my permission to participate in the Ocean View School District Student Home-to-School Transportation program. The stated information is correct and may be verified by the Ocean View School District officials or designees.

The Transportation privileges are provided and assigned based on your child’s home address. If the drop off location will not be the home address, please indicate any reason for utilizing transportation services, (i.e., District Programs, Child Care, Dual Stop, etc.), by completing the section below as needed.

I understand that there are NO REFUNDS on regular passes unless the family moves out of the district or into an area where District Transportation services are no longer provided. Such refunds will be handled on a prorated basis. I also understand that bus passes are not transferable or exchangeable.

I have read and agree with Ocean View’s School Bus Code of Conduct (available at school site or online).

Parent/Guardian Signature

Date

ALTERNATE STOP DECLARATION

Please indicate if your child requires an alternate bus stop:

ALTERNATE STOP: _____

Alternate Street Address/City/Zip: _____

Alternate Telephone (____) _____

Alternate Name/Location: _____ Address _____

Reason for Alternate Stop: _____

NOTE: For occasional ridership to a different school bus stop, a note signed by the parent and authorized by school administrator is required.

Signature (Child Care Provider)

Signature (Parent Signature)

Date