Application Form for Bus Pass or Card Program

Dist	rict or Charter School Data				
Distri	ct or Charter School Name:				
Coun	ty-District Number (CDN):				
Name	of Point of Contact:				
Telep	hone Number of Point of Contact:				
Email	Address of Point of Contact:				
Metr	opolitan Transit Authority Data	a			
	of Transit Authority Passes Will Be				
Name of Point of Contact at Transit Authority:					
·					
Telephone Number or Email Address of Point of Contact:					
Data	Regarding the Type of Pass of	or Card for Which	Approval Is Reques	sted	
Place an X in the box next to each type of pass or card your district will issue, and enter the applicable cost and quantity information.					
	Monthly or 30-Day Pass		_		
	Full Price of Pass:				
	Discounted Cost of Pass:				
	Estimated Quantity per Month:]		
	Weekly or 7-Day Pass		_		
	Full Price of Pass:				
	Discounted Cost of Pass:				
	Estimated Quantity per Month:				
П	Daily Pass				
	Full Price of Pass:				
	Discounted Cost of Pass:		1		
	Estimated Quantity per Month:				
П	Bus Card (Debit Card for Daily Ride				
	Full Price of Daily Ride:	<u>—</u>			
	Discounted Cost of Daily Ride:				
	Quantity of Rides Required per Student per Day:				
	Estimated Number of Eligible Students per Month:				

Special-Program Transit	
Full Price of Pass:	
Discounted Cost of Pass:	
Estimated Quantity per Month:	