

## **PASS2CLASS APPLICATION**

A parent or guardian must complete the Pass2Class application. All questions require a response.

CONTACT INFORMATION —				
Name of Parent/Legal Guardian	: First	Last		
Street Address: (No P.O. Boxes)	Street Address	Apt./Unit #	City	Zip
Email Address:			·	
Phone Number: (in event we need	l to contact you about your (	application)		
STUDENT #1 INFORMATION				
Student Name:	First	Last		
Grade in school:				
How many days a week will you	r student travel by bus to	o school this year? (Circle o	one) 1 2 3	4 5
Approximately how far is it from	n your home to your stuc	dent's school – in miles? _		
When not taking the bus to and	from school, how will yc	our student get there mo	st often?	
Select a bus pass for Student	<b>#1:</b> (circle one)			
County Connection pass valid	l through September 3	0, 2025 OR Tri D	)elta Transit – Tv	vo 20-ride passes

Do you have another student who will travel to school by bus this year? (Circle one) Yes No

If yes, complete information for Student #2. If no, please continue to Terms & Conditions.

STUDENT #2 INFORMATION	I						
Student Name:							
	First	Last					
Grade in school:	School Name:						
How many days a week will yo	our student travel by bus to sch	ool this year?	(Circle one) 1	2 3 4	5		
Approximately how far is it from your home to your student's school – in miles?							
When not taking the bus to and from school, how will your student get there most often?							
Select a bus pass for Studer	nt #2: (circle one)						
County Connection pass val	id through September 30, 20	25 OR	Tri Delta Tra	nsit – Two 2	20-ride passes		
TERMS & CONDITIONS							

By submitting this application, you agree to the following: I have read the eligibility requirements and program rules, and the information I presented above is true and correct. I agree to allow my student(s) to take the bus for their trip to and/or from school instead of driving my student(s). As a parent and/or guardian, the student(s) listed above have my permission to use the free bus pass(es). I agree to complete a program follow-up survey and to receive 511 Contra Costa's monthly e-newsletter. Passes available while supplies last. Lost or stolen passes will not be replaced.

SUBMIT APPLICATION -

Mail completed application to: Pass2Class, 3003 Oak Rd. Suite 100, Walnut Creek CA 94597 or email to Karen Decool at kdecool@511contracosta.org

If you have any questions about your application or the Pass2Class program, contact Karen Decool at kdecool@511contracosta.org or 925-393-4496.

