

Application for School Bus Pass Refund

Travis Unified School District
Business Services & Operations
2751 DeRonde Drive
Fairfield, CA 94533-9710

Name of Parent/Guardian: _____

Physical Street Address: _____

Home Phone: _____ Work Phone: _____

Reason for Request of Refund:

List all Students in Household Requesting Bus Pass Refunds

Please allow 3-4 weeks for processing of refunds

Student Name	School Name	Grade	Circle ONE	Price Paid
			Full Year AM Only PM Only	
			Full Year AM Only PM Only	
			Full Year AM Only PM Only	

District Use Only

Bus Pass Returned: Yes _____ No _____ Aeries Date _____

Copy of Application Attached: Yes _____ No _____

Approved: _____ Denied: _____

Amount Refunded: _____ Date: _____