



**PARENT(S)/GUARDIAN(S) CERTIFICATION FOR ELIGIBILITY
FOR FREE YOUTH PASS FOR 2011/2012 SCHOOL YEAR**

To verify the eligibility of your child/children to participate free of charge in the Marin Transit Youth Pass Program, parent(s)/guardian(s) must certify that their household income is at or below the following levels. *The information on the application is confidential.*

Name of School _____

Name of Child _____

Circle of appropriate Salary Range and Household size in the table below:

FREE MARIN TRANSIT YOUTH PASS ELIGIBILITY SCALE					
Household SIZE (NUMBER IN HOUSEHOLD)	Yearly Salary	Monthly Salary	Twice per Month Salary	Every two Weeks Salary	Weekly Salary
1	\$20,147	\$1,679	\$840	\$775	\$386
2	\$27,214	\$2,268	\$1,134	\$1,047	\$519
3	\$34,281	\$2,857	\$1,429	\$1,319	\$652
4	\$41,348	\$3,446	\$1,723	\$1,591	\$785
5	\$48,415	\$4,035	\$2,018	\$1,863	\$918
6	\$55,482	\$4,624	\$2,312	\$2,134	\$1,051
7	\$62,549	\$5,213	\$2,607	\$2,406	\$1,184
8	\$69,616	\$5,802	\$2,901	\$2,678	\$1,317
For each additional family member, add:					
	+ \$7,067	+ \$589	+ \$295	+ \$272	+ \$136

Certification by Parent(s) / Guardian(s):

I / We certify that my child / children is/are eligible for the free school transportation program as outlined above and that our eligibility is at or below the **Yearly / Monthly / Twice Per Month / Every Two Weeks / Weekly (as circled above in the Free Marin Transit Youth Pass Eligibility Scale).** I / We agree that the Youth Pass provided by Marin Transit through the Youth Pass Program will be utilized for the sole and express use of the above student (s). I / We agree that the Youth Pass obtained through this program cannot be sold, transferred, or given away and should such an occurrence take place, I / We understand that our child / children will no longer be eligible to participate in the Marin Transit Youth Pass Program.

Signature(s) of Parent(s)/Guardian(s)

Date

Signature of Student

Date

Return Completed Application To The School/District Youth Pass Coordinator



**PADRE(S) / GUARDIAN(ES) CERTIFICADO DE ELEGIBILIDAD
PARA PASE GRATIS (FREE YOUTH PASS) PARA EL AÑO ESCOLAR 2011/2012**

Para averiguar que su hijo/s(a/as) califican para participar en el Programa de Pase Gratis para estudiantes del Marin Transit, padre(s)/guardián(es) deberán certificar que el ingreso familiar no pasa de los siguientes niveles. *La información en la solicitud es confidencial.*

Nombre de Escuela _____

Nombre del del niño(a) _____

Favor de poner un círculo alrededor del Salario y Tamaño de la familia:

ESCALA DE ELEGIBILIDAD PARA PASE GRATIS					
Tamaño de La familia (NUMERO DE INTEGRANTES EN LA FAMILIA)	Salario Anual	Salario Mensual	Salario Quincenal	Salario cada Dos Semanas	Salario Semanal
1	\$20,147	\$1,679	\$840	\$775	\$386
2	\$27,214	\$2,268	\$1,134	\$1,047	\$519
3	\$34,281	\$2,857	\$1,429	\$1,319	\$652
4	\$41,348	\$3,446	\$1,723	\$1,591	\$785
5	\$48,415	\$4,035	\$2,018	\$1,863	\$918
6	\$55,482	\$4,624	\$2,312	\$2,134	\$1,051
7	\$62,549	\$5,213	\$2,607	\$2,406	\$1,184
8	\$69,616	\$5,802	\$2,901	\$2,678	\$1,317
Por cada miembro familiar adicional, agregue:					
	+ \$7,067	+ \$589	+ \$295	+\$272	+ \$136

Certificación del Padre(s)/Guardián(es):

Yo/Nosotros certifico que mi hijo/hijos califica(an) para el programa de transporte escolar gratuito como se señala arriba y que nuestra elegibilidad no pasa del **Salario Anual/Mensual/Quincenal/Cada dos Semanas / Semanal (subrayar adecuadamente)**. Yo/Nosotros estamos de acuerdo que el pase para estudiantes obtenido a través de este programa no puede venderse, transferirse, o regalarse y que si esto ocurriera, Yo/Nosotros entendemos que nuestro/a hijo(a)/hijos(as) no calificarán para participar en el Programa de Pase Gratis para Estudiantes del Marin Transit.

Firma(s) del Padre(s) / Guardián(es)

Fecha

Firma del Estudiante

Fecha

Regrese Su Solicitud Completa a la Oficina de su Escuela