BOSTON PUBLIC SCHOOLS – DEPARTMENT OF TRANSPORTATION

SY14-15 MBTA Pass WAIVER Form

STUDENT NAME_____STUDENT ID.# _____

STUDENT DATE OF BIRTH _____/_____/_____ PARENT NAME_____

SCHOOL NAME_____GRADE_____

HOME ADDRESS_____

MBTA PASS WAIVER CRITERIA

(APPLICATION FOR YELLOW BUS SERVICE)

Check the below box to indicate which waiver criteria your son or daughter meets. By checking the box you acknowledge that if your waiver is approved your son or daughter will NOT receive a 7-day MBTA pass this year from BPS and will receive yellow bus service with a stop distance of up to 0.5 miles from your home.

Distance Waiver: My son or daughter's ride on the MBTA will consist of either (circle one or both of the following):

☐ More than 60+ minutes of ride time ☐ 3 or more transfers

Sibling Waiver: ☐ I wish my son or daughter to ride with a sibling.

Sibling Name_____Student ID_____

Safety Waiver: Please check one or more of the following and explain in the space provided as to your safety concerns:

☐ MBTA On-vehicle or station safety ☐ Safety in transfers

Please provide an explanation on back:

_____ _____

Signature of Parent/Guardian **Date**

TRANSPORTATION DEPARTMENT USE ONLY

DATE RECEIVED: _____ DATE PROCESSED: _____ Effective Date: _____

APPROVED [ ] NOT APPROVED [ ] Reason _____T.O_____