



12025 NE 5<sup>th</sup> ST, Bellevue, Washington 98005 / P.O. Box 90010, Bellevue, Washington 98009-9010

**APPLICATION for OPTIONAL INSTRUCTION PROGRAM TRANSPORTATION  
and/or REQUEST for FEE WAIVER**

Students Name & School \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name & Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

<u>PAYMENTS DUE first day of school or semester.</u>	<u>Individual</u>	<u>Family</u>
Annual Payment	\$300	\$400
Semester Payment	\$150	\$200
Prorated Payment for Current Month to Semester or Year End	\$30 per month	\$40 per month
No monthly payments authorized.		

Form and payment, payable to BELLEVUE SCHOOL DISTRICT, may be submitted to:  
 BSD Accounting Office, P.O. Box 90010, Bellevue, WA 98009-9010  
 or 12111 NE First Street, Bellevue, WA 98005 (Accountant, Sue Gray, 425-456-4013)  
 Form and payment may also be submitted to Tillicum Middle School Office, 16020 SE 16<sup>th</sup> ST  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FEE WAIVER REQUEST**

I am applying for a Waiver of the Optional Instruction Program Transportation Fee.  
 My student is in the Spanish Immersion Program and resides within the Bellevue School District attendance boundary and is eligible for Free or Reduced Lunch under the Federal Free/Reduced Lunch Program. I give permission to the BSD Transportation Office to verify that I have an approved Federal Application for Free/Reduced Lunch on file with the school district.  
 or - My student is a middle school ESL student residing within the Tillicum ESL boundary.  
 or - My student is in the Cascade Program at Tillicum Middle School.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Waiver Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Date Pass Issued \_\_\_\_\_ Issued by \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card Payments accepted only at BSD Accounting Office in person or by mail.  
 Name on Credit Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_ Verification Code: \_\_\_\_\_  
 Mailing address for card holder: \_\_\_\_\_

I hereby authorize Bellevue School District to charge my VISA or Master Card \$ \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional information is available on the Transportation page of the BSD web site: [www.bsd405.org](http://www.bsd405.org)