



**REDUCED FARE PROGRAM APPLICATION
FOR STUDENTS**

**BATA
Office Manager - Reduced Fare Program
3233 Cass Road
Traverse City, MI 49684
231-933-5534**

BATA REDUCED FARE PROGRAM APPLICATION FOR STUDENTS

A BATA Reduced Fare Card entitles the bearer to a reduced fare on all BATA routes provided by the Bay Area Transportation Authority transit service.

To receive a BATA Reduced Fare Card, applicants are required to complete all information in **APPLICANT SECTION**. **A parent or guardian must complete the application for a student under the age of 18.** A photo ID and proof of eligibility documentation is required (see **ELIGIBILITY CRITERIA**). Mail completed application and documentation to:

BATA
Office Manager – Reduced Fare Program
3233 Cass Road
Traverse City, MI 49684

Please allow BATA 7-14 days for processing after the receipt of application. We will notify you upon your acceptance of eligibility and will mail you instructions on how to obtain your BATA Reduced Fare Card.

The BATA Reduced Fare Office is open Monday – Friday 9AM – 4PM at 231-933-5534.

GENERAL PROVISIONS FOR ELIGIBILITY CRITERIA

- A student is defined as anyone enrolled in a public, private or parochial school in grades K-12 or anyone enrolled in a public or private university or a vocational school.
- Student applicants must include proof of eligibility. One of the following documents is required:

Current report card, current valid school ID, computer printout showing enrollment units and/or class schedule, letter on school letterhead containing the original signature of a school official.

- BATA Reduced Fare Cards for students are valid until expiration date shown on card.
- BATA reserves the right to verify the information of application by contacting the person completing the forms and/or school officials.
- Certification forms will be confidential records and kept on file at BATA.

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APPLICANT SECTION *(To be completed by parent or guardian for students under 18 years)*

PLEASE PRINT IN INK

Name _____

Street Address _____

City/State/Zip Code _____

Telephone Number _____

Social Security Number XXX-XX-_____ Date of Birth _____

Name of School _____

School Street Address _____

City/State/Zip Code _____

Telephone Number _____

Name of School Administrator _____

Applicant's Signature _____

Date _____

First time applicants will not be charged for the Reduced Fare Card. Any cards lost or damaged are subject to a \$5.00 replacement fee. A Replacement Application and fee must be submitted to obtain a replacement card.

I understand that BATA has the authority to revoke my Reduced Fare Card if I misuse the card or damage transit agency property. I agree to obey all transit rules and regulations. I hereby certify that the information provided on this application is true and correct.

For Office Use Only
Date application received
Approval Yes () No ()
Date approved
Card Number
Expiration Date
Issued by