

Government of the District of Columbia
Department of Transportation



Kids Ride Free Application for DC Private School Students

SCHOOL YEAR 2021-2022

Complete Application Electronically or Print Clearly

Select one: ☐ New Card Application ☐ Replacement Card Application

STUDENT INFORMATION

Student Name: _____

Last Name

First Name

Middle Initial

Student Home Address: _____

City: **Washington, DC**

Zip Code: _____

Grade: _____

Date of Birth: _____

Primary Metrobus Route(s) Used: _____

Primary Metrorail Station(s) Used: _____

SCHOOL INFORMATION

School Name: _____

School Address: _____

City: **Washington, DC**

Zip Code: _____

I certify that the information on this application is true and accurate and that the above-mentioned student is a resident of the District of Columbia and enrolled in the school indicated above.

Principal's Signature: _____ Date: _____

Completed applications should be submitted by authorized school staff only.

Upload completed applications to <https://forms.gle/WdgKhwxH2oBK5q66>.

Allow 7-10 business days for delivery of cards to the requesting school.

DDOT School Transit Subsidy Program Office: (202) 673-1740

DDOT Approval Name: _____

Date Processed: _____