



**Johnson County Transit  
YOUTH Reduced Fare Application**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**E-mail Address (Optional):** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

I certify that I am between the age of 6-17. I am not applying for a Reduced Fare card for fraudulent purposes and I do meet the qualifications of the program.

\*Please include a copy of your valid Student ID with this application.

**SIGNATURE:** \_\_\_\_\_

**Please return application to:  
Johnson County Transit  
1701 West 56 Highway  
Olathe, Kansas 66061**

For Office Use Only

Approved by: \_\_\_\_\_ Card #: \_\_\_\_\_ Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_