



HAWAII STATE DEPARTMENT OF EDUCATION (HIDOE)
STUDENT TRANSPORTATION SERVICES BRANCH

APPLICATION FOR STUDENT TO RIDE SCHOOL BUS

SCHOOL USE ONLY:
Student qualifies for free pass? <input type="checkbox"/> YES <input type="checkbox"/> NO
Principal's initial: _____

Please complete all parts of this form. Submit a separate form for each child to the bus driver or school office.

PART I: Acknowledgement.
Applicant must sign and date below.

"I acknowledge and accept HIDOE's "No Refund" policy on all school bus pass purchases. I agree to comply with the transportation policies and procedures of HIDOE. I acknowledge that HIDOE may utilize video cameras to monitor student behavior on school buses. When applicable, I authorize the Student Transportation Services Branch to verify my child's free lunch status with the School Food Services Branch."

Parent/Guardian signature: _____ Date: _____

PART II: Student Information (must fill out completely).

Select "Home School" if the student lives within the school's attendance area, if not select "School of Origin."

School name: _____ Home school School of origin (MVA only)

Student's legal name: _____ Grade: _____
Last name First name MI

Home address: _____
Street no. Street name Apt. no. City Zip code

Parent/Guardian: _____ Contact phone: _____
Last name First name

PART III: Bus Service and Payment Plan Selection. (Please complete Parts A and B.)

CAUTION: All bus pass sales are final.

A. Service Plan (choose ONE of the following):	B. Payment Plan (choose ONE of the following):
<input type="checkbox"/> ROUND TRIP Home to school; school to home; same route;	<input type="checkbox"/> ANNUAL: Round trip: \$270.00
<input type="checkbox"/> MORNING ONLY Home to school only	<input type="checkbox"/> One way: \$135.00
<input type="checkbox"/> AFTERNOON ONLY School to home only	<input type="checkbox"/> QUARTERLY: Round trip: \$72.00
	<input type="checkbox"/> One way: \$36.00
	<input type="checkbox"/> COUPONS (Cash Only): Sheet of 10: \$12.50/sheet
	<input type="checkbox"/> FREE
	<input type="checkbox"/> Must complete PART IV below.

PART IV: Complete this section ONLY if applying for FREE bus transportation.

Your child may be eligible for a free bus pass if they qualify for one or more of the following. Please check that apply.

<input type="checkbox"/> Student receives free meal (subject to approval);	<input type="checkbox"/> Student has 3 or more older siblings who pay for their bus passes:
<input type="checkbox"/> Student is a foster child;	1. Name: _____
<input type="checkbox"/> Student is homeless (please attach form MV-1);	School: _____
<input type="checkbox"/> Student has IEP/MP (special education only);	2. Name: _____
<input type="checkbox"/> Student is directed by HIDOE to attend a GE school;	School: _____
	3. Name: _____
	School: _____