



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

**APPLICATION FOR STUDENT TO RIDE SCHOOL BUS**  
**SCHOOL YEAR 2020-2021**

<b>SCHOOL USE ONLY:</b>
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/Foster Care)  
*\*Select "Home School" if the student lives within the school's attendance area, if not select "School of Origin."*

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.*

<b>A. Service Plan</b> (choose ONE of the following):	<b>B. Payment Plan</b> (choose ONE of the following):
<input type="checkbox"/> ROUND TRIP Home to school; school to home; same route	QUARTERLY: Round trip: \$72.00 <input type="checkbox"/> One way: \$36.00
<input type="checkbox"/> MORNING ONLY Home to school only	COUPONS (Cash Only): Sheet of 10: \$10.00/sheet
<input type="checkbox"/> AFTERNOON ONLY School to home only	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)	<b>NO REFUNDS</b>	<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 required by the Department to attend a school other than the school in the student's public school attendance area		School: _____
		3. Name: _____
	School: _____	