



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

APPLICATION FOR STUDENT TO RIDE SCHOOL BUS
SCHOOL YEAR 2021-2022

SCHOOL USE ONLY:

Student qualifies for free pass?

YES 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.

A. Service Plan (choose ONE of the following):

- ROUND TRIP
Home to school; school to home; same route
- MORNING ONLY
Home to school only
- AFTERNOON ONLY
School to home only

B. Payment Plan (choose ONE of the following):

- QUARTERLY: Round trip: \$72.00
 One way: \$36.00
- COUPONS (Cash Only): Sheet of 10: \$10.00/sheet
- FREE 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.

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Student receives free meal (subject to approval) <input type="checkbox"/> Student is a foster child <input type="checkbox"/> Student is homeless (please attach form MV-1) <input type="checkbox"/> Student has IEP/MP (special education only) <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 | <ul style="list-style-type: none"> <input type="checkbox"/> Student has 3 or more older siblings who pay for their bus passes: 1. Name: _____
School: _____ 2. Name: _____
School: _____ 3. Name: _____
School: _____ |
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