



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

APPLICATION FOR STUDENT TO RIDE SCHOOL BUS
SCHOOL YEAR 2023-2024

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 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)

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	QUARTERLY: <input type="checkbox"/> Round trip: \$72.00
<input type="checkbox"/> MORNING ONLY Home to school only	<input type="checkbox"/> One way: \$36.00
<input type="checkbox"/> AFTERNOON ONLY School to home only	<input type="checkbox"/> Roundtrip: (AM and PM)
	<input type="checkbox"/> One way Circle (AM only / PM only)
	<small>*Must complete PART IV below.</small>

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	
<input type="checkbox"/> Student is homeless (please attach form MV-1)	1. Name: _____ School: _____
<input type="checkbox"/> Student has transportation as a related service in IEP/MP	2. Name: _____ School: _____
<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	3. Name: _____ School: _____



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PART I: Acknowledgement
Parent/Legal Guardian must INITIAL each statement and sign.

- I acknowledge and accept HIDOE's No Refund policy on all school bus pass purchases
I acknowledge and accept that HIDOE utilizes video cameras to monitor student behavior on school buses
I acknowledge and accept that HIDOE school buses only operate on public roadways
I acknowledge and authorize the Student Transportation Services Branch to verify my child's free lunch status with the School Food Services Branch when applicable
I have read and agree to comply with the transportation policies and procedures of HIDOE
I have reviewed the PASSENGER SAFETY CODE with my child and understand that non-compliance could result in suspension of bus pass privileges
I acknowledge and accept that school bus service applications are only accepted during the provided application periods per quarter as indicated in the application handbook
I acknowledge and accept that school bus applications are only accepted upon payment in full

HIDOE highly recommends a responsible adult be present at the bus stop in the morning and in the afternoon for children 10 years old and under. Bus drivers and staff are not responsible to match each child with a specific adult.

- I acknowledge and accept that my child will be dropped off at their designated bus stop with or without an adult present
I understand it is my responsibility to ensure a responsible adult is at the bus stop to make alternative arrangements for my child if they are unable to walk alone to/from the bus stop

Parent/Guardian signature: _____
Date: _____