

STATE OF HAWAI'I

DEPARTMENT OF EDUCATION
STUDENT TRANSPORTATION SERVICES BRANCH

REQUEST FOR STUDENT TO RIDE SCHOOL BUS ON A SPACE AVAILABLE BASIS

INSTRUCTIONS:

Parent - Complete this form and return it to school

School - Insert recommendation and submit form to District Transportation Officer

• Approve or disapprove request; forward copy to school; create/edit SBT account

PARENT USE:			
Name of Parent/Guardian:		Phone:	
	School:		
Request to ride the school bus o	n a space available basis because: (Check	capplicable section)	
Student resides less than (elementary school < 1 r	n the minimum qualifying distance from sch nile; middle/high school < 1.5 miles)	nool	
Location of morr	ning pick-up:		
	oon drop off:		
Other			
Duration of your request: (Not long	• •		
Starting date:	Ending date:		
	I understand that approval of this request is predicated on the availability of space and that there is no additional cost to the Department. I acknowledge that this service may be terminated by the Department at any time. I also acknowledge that the Department has a firm no refund policy on all bus pass purchases.		
	Signature of Parent/Guardian	Date	
SCHOOL BECOMMENDATION			
SCHOOL RECOMMENDATION	OR COMMENT:		
	Signature of Principal	Date	
STS USE:			
☐ Approved			
☐ Disapproved			
Comment:			
	Signature of District Transportation (Officer Date	