



HAWAII DEPT. OF EDUCATION
STUDENT TRANSPORTATION SERVICES BRANCH

BUS CO. USE ONLY:	
Name:	_____
Route No.:	_____
Trip:	_____

REQUEST FOR TRANSPORTATION SERVICES
21st CCLC SUMMER PROGRAM 2021

21st CCLC SCHOOL NAME: KEA'AU MIDDLE SCHOOL

GRADE: _____

21st CCLC Program Type (select one):				
<input checked="" type="checkbox"/> Summer	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> After School

Student's Legal Name: _____
Last Name *First Name* *MI*

Home Address: _____
Street No. *Street Name* *Apt. No.*

City *State* *Zip Code*

Parent(s)/Guardian(s):

Last Name *First Name* *Phone No.* *E-mail Address*

Last Name *First Name* *Phone No.* *E-mail Address*

I and my child understand and agree to comply with the policies and procedures of the DOE's school bus transportation program as outlined in Title 8 of the Hawaii Administrative Rules.

X _____
Parent's or Guardian Signature _____
Date