Summer Boost

HAWAII DEPT. OF EDUCATION
STUDENT TRANSPORTAION SERVICES BRANCH

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

REQUEST FOR TRANSPORTATION SERVICES
21st CCLC /ASAS Summer PROGRAM SY2021

21st CCLC SCHOOL NAME: KEA'AU MIDDLE SCHOOL GRADE: _____

21st CCLC Program Type:

■ Summer ☐ Fall ☐ Winter ☐ Spring ☐ 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