



HAWAII DEPT. OF EDUCATION
STUDENT TRANSPORTATION SERVICES BRANCH

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

REQUEST FOR TRANSPORTATION SERVICES
UPLINK /ALL STARS AFTER SCHOOL PROGRAM SY2020-21

UPLINK SCHOOL NAME: KEA'AU MIDDLE SCHOOL

GRADE: _____

UPLINK Program Type (select one):				
<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input checked="" 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