Date Received: ____________ (   ) Late   (   ) On time

KAMEHAMEHA SCHOOLS MAUI

Bus Transportation Application 2018-2019 School Year

Student Last Name	Student First Name	ID Number	Grade (18-19)

Father/Guardian Name:		Mother/Guardian Name:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cellphone:		Cellphone:	
Mailing Address:			

Mailing address listed above is for: ☐ Father/Guardian ☐ Mother/Guardian E-mail______________________

Emergency Contact when father and/or mother cannot be reached:

Contact's Name________________________________ Contact's Daytime Phone____________________________

Select ONE Site **Select ONE Trip**

Bus Site	Roundtrip	AM Only	PM Only
War Memorial Stadium			
War Memorial Stadium (am)/Kahului Shopping Center (pm)			
Kahului Shopping Center (available pm only)			
Kīhei Community Center			
Lāhainā Aquatic Center			
Kula - Waiohuli Hawaiian Homestead (min. number of participants required)			

Only the person responsible for the student's tuition account and his/her authorized designee will be allowed to request bus transportation changes

I have read and agree to abide by the bus transportation conditions contained in the attached bus letter. I also understand that bus transportation is a privilege and may be revoked at any time due to noncompliance with the bus conditions, bus rules, and KS Code of Conduct. I will also review the bus transportation conditions, bus rules, and Code of Conduct with my student(s).

PARENT/GUARDIAN SIGNATURE PRINT NAME DATE

Please return this application to the Transportation office, by June 8, 2018.

Applications and requests for changes will be considered on a space available basis only, after the June 8th deadline.

A letter confirming bus transportation will be mailed prior to the start of school.

DO NOT SEND PAYMENT WITH APPLICATION. Student accounts will be billed in August.