



# Tomasa's Bus Company

28 Oneawa Street Kailua HI 96734

Phone: (808) 263-4455 Fax: (808) 263-7722

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**Tomasa's Bus Company is pleased to offer transportation options for Assets Summer School.**

**Routes:**

**Note-No Kailua Van**

**Prices:**

K-8 Academic \$285.00

High School \$145.00 per session

**AM**

**Manoa** 6:45am Between UH Lab School on Metcalf St.

**Kahala** 6:45am Back of Wilson Park Malia St.

**Nuuanu** 7:05am Pali Safeway Parking Lot

**PM**

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**Downtown** 1:00-1:10pm Kamamalu Neighborhood Park

**Nuuanu** 1:00-1:10pm YWCA Richards St.

**Kahala** 1:10-1:20pm Back of Wilson Park Malia St.

**Manoa** 1:20pm Between UH Lab School on Metcalf St.

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**Payment must be made by May 31, 2018.**

Roundtrip only-No One Ways

No refund once transportation starts

Limited Seats Available

No Aide on School Van

**Minimum ridership is required for each van.**

**Times Vary on Ridership Counts. Parents will be notified of time change if -needed.**



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**Please complete and return directly to Tomasa's Bus Company to reserve a space for your child.**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Route AM \_\_\_\_\_ Route PM: \_\_\_\_\_  
(Manoa, Kahala, or Nuuanu) (Downtown, Nuuanu, Kahala, Manoa)

## Bus Transportation

### Permission and Responsibility

Permission is granted for the above student to be transported by TOMASA'S BUS COMPANY to and from Assets School, should said student become ill or injured, permission is granted to the supervising adult(S) to pursue medical attention deemed appropriate at the time. Any medical or psychological information that may impact said child while being transported will be made in writing and submitted to the supervising adults(s). I understand that TOMASA'S BUS COMPANY will not be responsible for injury or illness to said child while commuting to and from ASSETS, via TOMASA'S BUS COMPANY.

I do hereby, for my heirs, executors, and administrators, release and forever discharge TOMASA'S BUS COMPANY, its agents, employees, and volunteers, acting officially or otherwise from all claims, demands or causes of action that may occur or arise thereof.

**AGREEMENT:** The undersigned agree with all of the policies, procedures, and conditions mentioned in this document.

Parent/Guardian Name: \_\_\_\_\_ / \_\_\_\_\_  
Signature Please Print

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ / \_\_\_\_\_  
Signature Please print

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Student: \_\_\_\_\_ / \_\_\_\_\_  
Signature Please Print