



Tomasa's Bus Company

28 Oneawa Street Kailua HI 96734

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

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

Routes:

Prices: \$655.00 per Semester

K-8 Academic

High School

AM

Kailua	6:15am	Kailua Professional Building Parking Lot
–		Transfer Point Nuuanu Pali Safeway
Manoa	6:35am	Between UH Lab School on Metcalf St.
Kahala	6:45am	Back of Wilson Park Malia St.
Nuuanu	7:05am	Pali Safeway Parking Lot

PM

Downtown	3:30pm	Kamamalu Neighborhood Park
Nuuanu	3:20pm	YWCA Richards St.
Kahala	3:25pm	Back of Wilson Park Malia St.
Manoa	3:35pm	Between UH Lab School on Metcalf St.
Kailua	3:50pm	Kailua District Park on Kainalu Drive

Payment must be made by July 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:** _____

(Kailua, Manoa, Kahala, or Nuuanu)

(Downtown, Kailua, 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