



Orange County Department of Education
HOPES Collaborative OCTA Bus Pass Request



TO BE COMPLETED BY DISTRICT PERSONNEL ONLY

Date: _____ District Name: _____

District Personnel Requesting Bus Pass: _____ Title: _____

Email: _____ Phone: _____

PARENT INFORMATION

Parent Last Name: _____ Parent First Name: _____

STUDENT(S) INFORMATION

Student 1: Last Name: _____ First Name: _____

School: _____ Age: _____ Male: _____ Female: _____

Student 2: Last Name: _____ First Name: _____

School: _____ Age: _____ Male: _____ Female: _____

Student 3: Last Name: _____ First Name: _____

School: _____ Age: _____ Male: _____ Female: _____

Student 4: Last Name: _____ First Name: _____

School: _____ Age: _____ Male: _____ Female: _____

Reason for Request: <i>Recipient(s) Must be Homeless</i>	Bus Pass:	Quantity:	Date Needed by:
	30 DAY PASS (Age 6 - 18) (for Students/Youth)		
	District Personnel Signature: _____		

Fax request to: (714) 662-2229 or email to:
mdillingham@ocde.us or jawrey@ocde.us

OCDE Inter-office Use Only:		Date Received: _____	Approved: YES _____ NO _____
Reason if not approved: _____			
Approved:	30 DAY PASS - Quantity: _____	Pass #'s: _____	
Date Processed: _____		Pick-up at OCDE by: _____	
Inter-District Mail to: _____		US Mail to: _____	
Approved by Student Support Services Staff: Jeanne Awrey, Manager, awrey@ocde.us (714) 966-4093 or Margaret Dillingham, Admin. Asst., mdillingham@ocde.us , (714) 966-4324			
Jeanne Awrey _____		Margaret Dillingham _____	