



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) | | |
| | 30 DAY PASS (Adult) | | |
| | 1 DAY PASS (Adult) | | |
| | District Personnel Signature: _____ | | |

Email request to: jawrey@ocde.us

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|--|---|----------------------|------------------------------|
| OCDE Inter-office Use Only: | | Date Received: _____ | Approved: YES _____ NO _____ |
| Reason if not approved: _____ | | | |
| Approved: | 30 DAY PASS (student)- Quantity: 30 DAY PASS (adult)- Quantity: 1 DAY PASS (adult)- Quantity: | Pass #'s: _____ | |
| Date Processed: _____ | Pick-up at OCDE by: _____ | | |
| Inter-District Mail to: _____ | US Mail to: _____ | | |
| | Attn: _____ | | |
| Approved by Student Support Services Staff: Jeanne Awrey, Coordinator, jawrey@ocde.us , (714) 966-4093 | | | |
| Jeanne Awrey _____ | | | |