

## Transportation Request: 2025-2026 School Year

Please complete and return this form to the school office.

- I wish to register/continue my child(ren) for the school bus service as below.  
下記の内容で、スクールバスの利用を希望します。
- I do not wish to register/continue my child(ren) for the school bus service this school year.  
今年度は、スクールバスの利用を希望しません。

Please note that, while the school endeavours to provide a bus service to all families that request it, we are unable to organise this service in locations where there are not enough students to make it feasible. Furthermore, buses are not always able to pick up students immediately in front of their house or at parents' preferred stops. Thank you for your understanding.

	(First)	(Last)	(Grade)
<b>Student name:</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**Home address:** \_\_\_\_\_  
\_\_\_\_\_

**Contact telephones:** \_\_\_\_\_

**Suggested pick-up point (\*):** \_\_\_\_\_  
(\* ) Note that the school cannot promise to meet every request.

*The HIS bus service is a home to school, school to home service, and seating is only guaranteed for such transportation. However, when spare seats are available the school will endeavour to offer flexibility based on a first come, first served basis. As and when any spare seats are required for the primary service such flexibility may be limited or stopped.*

**Please check one of the followings:**

- I give permission for my child to be dropped off at the designated bus drop-off point **even if I am not there to meet them.** お迎えの人がバス停に来ていなくても、生徒をバスから降ろして下さい。
- I do not want** my child to be dropped off at the designated bus drop-off point **if I am not there** to meet them. お迎えの人がバス停に来ていない場合は、生徒をバスから降ろさないで下さい。

**Please check the followings:**

- I agree to pay the yearly transportation invoice. (Please note that the seat will be secured by the completion of the first payment.) バスの利用料を支払う事に同意します。(1回目のお支払い完了をもって座席の確保となりますので、予めご了承ください。)
- I understand that my child(ren) uses a jump seat (middle fold-out seat) if it is necessary.  
私の子供が必要に応じて補助席を使用する事を理解しています。

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_