

Bus Service Application Form



PARENT / GUARDIAN to complete

1 First day travel is required

2 Details of students requiring bus service

First Name	Surname	Year Level

3 Please tick to indicate days/times required

	Mon	Tue	Wed	Thu	Fri
AM					
PM					

4 Suggested Bus Stop address/es

Bus Stop for AM Service

Bus Stop for PM Service

5 Please outline any expected variations to the schedule outlined above:

6 For any **Prep students** listed in Q2

Please list the names of all people that are authorised person to sign the Prep student/s on and off the bus:

7 Parent / guardian

Name

Relationship to student/s

Home phone number

Work phone number

Mobile phone number

Email address

8 Emergency Contact

Name

Relationship to Student/s

Home Phone Number

Work Phone Number

Mobile Phone Number

Email address

9 I declare that I:

- Have read, understood and agreed to the Bus Service Terms & Conditions
- Have read, discussed and agreed to the Bus Service Code of Conduct with the students listed on this form
- Given the Emergency Contact listed above full authority to instruct the College in the event the parent/guardian listed above cannot be contacted

Name

Signature

Date

Please note bus travel cannot commence until confirmation is issued by the Bus Coordinator.