



Bus Requirement Form

This form must be completed for: (Please tick the required box)

- New or renewing bus travel** **Cancellation of service** **Change of details for current users**

Family Details		
Contact Person		Effective date for service or change / /
Address		Postcode
Phone Numbers: Home	Work	Mobile
Email		

Bus route and bus stop will be determined by the information provided above. If you require a different location e.g. Work Address. Please advise us here.

If your bus requirements change, please ask the driver for a new form or enquire at the College Administration Office.

SECTION A Please X one only.

- Student must only travel to and from the designated bus stop.
- Student may travel to and from other stops only if a note is presented by parent or guardian.
- Student may travel to and from other stops on his/her verbal instructions.

SECTION B Please X one only.

If there is nobody at the stop to meet the Student, the driver should after waiting a reasonable time:

- Allow Student off the bus to wait at the stop or walk home.
- Attempt to call the above numbers or an alternative number listed here:
Alternative Names & Numbers: _____
- Keep Student on the bus and return him/her to the College's **Out of Hours School Care program**, and for the cost of such I will be responsible.

Student Details			Please indicate trips if known					
Student Names	*Student Mobile #	Class		M	T	W	T	F
			AM					
			PM					
			AM					
			PM					
			AM					
			PM					
			AM					
			PM					

If my child is not on the bus in the morning and I have not notified the driver of their absence please message the contact person below:

Contact Person	(Circle Option)	Mobile Number OR email Address
	SMS or Email	

* I give consent for the **Student Mobile Number** listed above to be stored and used by the bus driver of this route for the purpose confirming student travel arrangements.

By signing this form I understand that it is my responsibility to have my child/children at the designated bus stop **5 minutes prior to the scheduled departure time** in the mornings and unless otherwise indicated above I will have a responsible person at the designated bus stop **5 minutes prior to the stated arrival time** to meet my child/children in the afternoon.

Parent/Guardian Signature

Date

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