

APPLICATION FOR STUDENT TO TRAVEL ON DECD SCHOOL BUS 2017

1. Student names: _____ School and Year level: _____

2. Parent/ Caregiver Name: _____
Mobile Phone contact (Mandatory- if you do not have a mobile you will need to provide alternative mobile number that we can contact you with.) _____
Residential Address: (Mandatory) _____
Postal Address: _____
Emergency Contact Name: _____ Phone: _____

3. Nearest Government School: _____

4. Kilometre distance from home to school: _____

5. Kilometre distance from home to bus stop _____

6. Location of bus stop: _____

7. Bus stop time: AM _____ PM _____

8. Are there any medical conditions which the driver should be aware of? YES/NO
Please explain: _____

CONTRACT TO BE SIGNED BEFORE TRAVEL IS APPROVED

We agree to follow the Code of Conduct for students travelling on the DECD School Bus.

Student/s Name	Signature
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Caregiver

Name: _____

Signature: _____

Date: _____