

**APPLICATION FOR STUDENT TO TRAVEL ON DECD SCHOOL BUS 2018**

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: \_\_\_\_\_

\_\_\_\_\_ Principal Approved