

Form 10: Application for Adhoc Travel - Student

This form is to be completed and signed by the Parent/Guardian of the student requiring the adhoc travel on the School Bus Program services. A student travelling on an adhoc basis may be permitted to access the school bus at no cost.

NB: Adhoc travel is at the Coordinating Principal's discretion to approve or decline. Adhoc travel is not available for non-student travellers.

Parent/Guardian to complete:

I am apply for permission for my child named below to travel on an adhoc basis, on an existing school bus service from/to an existing stop, on the day/s marked below.

STUDENT TRAVELLER DETAILS				
FIRST NAME:		SURNAME:		
SCHOOL:		YEAR LEVEL:		EXISTING BUS:
Any medical concerns or requirements the driver should be notified of? If yes, please provide details:				

PARENT/GUARDIAN DETAILS				
PARENT/GUARDIAN NAME:		PHONE:		
FAMILY'S RESIDENTIAL ADDRESS:				
EMAIL ADDRESS:				
EMERGENCY CONTACT:		PHONE:		
REASON FOR TRAVEL (please tick one only):				
Orientation/Transition Day:	<input type="checkbox"/>	School:		Yr Level:
Headstart/Step Up Week:	<input type="checkbox"/>	School:		Yr Level:
Family Emergency/Other:	<input type="checkbox"/>	<i>Please provide details:</i>		

TRAVEL DATE/S					
Which date/s do you intend to travel (please insert date of travel in form areas below e.g. 28/02/16 PM)					
DATE:		AM/PM	DATE:		AM/PM
DATE:		AM/PM	DATE:		AM/PM

I understand that my child's permission to travel on an adhoc basis on an existing school bus service is subject to the specific conditions of travel below and the standard conditions of travel provided on page 3.

1. My child may only travel where seating is available on the service after all students with prior rights have been accommodated. My child may not form a case or part of a case for the retention, extension or addition of services, or a route or timetable alteration, or the provision of a larger vehicle. Seats for adhoc travellers are not guaranteed.

2. Adhoc travel when approved is only for the days/term marked on this form.

I acknowledge the decision about whether my child can travel on the school bus service is at the discretion of the coordinating principal, and may be reviewed at any time in accordance with these terms and conditions.

PARENT/GUARDIAN SIGNATURE:	
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Cut off the below section and provide to student as travel approval pass - must be shown to driver

ADHOC TRAVEL PASS (to be signed by Bus Coordinator)							
FIRST NAME:		SURNAME:		SCHOOL:			
YR LEVEL:		PURPOSE:		APPROVED TRAVEL DATES:			
DATE:		AM/PM	DATE:		AM/PM	DATE:	
DATE:		AM/PM	DATE:		AM/PM	DATE:	
APPROVED TRAVEL DETAILS:							
Bus Service:		Stop:		Stop Times:	AM	PM	Transfer: Y/N
TRANSFER (if applicable):							
SCHOOL DROP OFF/PICK UP TIMES:							
APPROVED BY:		SIGNED:					
COORDINATING SCHOOL:		DATE:					

OFFICE USE ONLY				
Date Form Submitted:		Form Signed - Yes/No (if no, return to Parent/Guardian for signature)		
Date form Completed:		Parent/Guardian signed?:	Yes/No	Approved: Yes/No

OFFICE USE ONLY				
Bus Route:			Bus Operator:	
AM TRAVEL				
AM Bus Stop:			Pick Up Time:	
Interchange Details (if applicable):	BSE	CC	ESC	TFSC
Shuttle:				
AM Time:				
School:			Drop Off Time:	
PM TRAVEL				
School:			Pick Up Time:	
Interchange Details (if applicable):	BSE	CC	ESC	TFSC
Shuttle:				
AM Time:				
PM Bus Stop:		Please provide details:	Drop Off Time:	

OFFICE USE ONLY	
School Bus Coordinator Name (please print):	_____
School Signature - Coordinating	_____
Principal/Delegate signature:	_____
Date:	_____