

# Application for Student Bus Transport – 2025

# Part E

Family details			
Name of person completing form		Relationship to Student	
Home Address			
Email address			
Mobile No.			

## Names of student/s requiring Bus Transport

Family Name	First Name	Year Level	Medical Information?
Additional details:			

Bus Transport is requested for:						
Please select one:	<input type="checkbox"/> Full time	<input type="checkbox"/> AM (one way only)	<input type="checkbox"/> PM (one way only)	<input type="checkbox"/> 30 trips		
Days Required	<input type="checkbox"/> Part time	Mon,	Tues	Wed,	Thurs	Fri
Home Address:						
Bus Hub Location						
	<input type="checkbox"/> AM (one way only) <input type="checkbox"/> PM (one way only) Days: _____					
	<input type="checkbox"/> AM (one way only) <input type="checkbox"/> PM (one way only) Days: _____					
	<input type="checkbox"/> AM (one way only) <input type="checkbox"/> PM (one way only) Days: _____					
<i>Please note: If multiple locations, refer to Terms and Conditions (Part A, Section 2)</i>						
Proposed date for Bus Transport to commence:						
Office use only: Entered into Eredit <input type="checkbox"/> Bus list updated <input type="checkbox"/>						

*\*Please allow 3 working days for application processing*

Additional contact details		
Contact 1 Name:	Phone:	Relationship:
Contact 2 Name:	Phone:	Relationship:

**Please complete next page of application.**

Bus Rules			
We have read & understand the College Bus Rules and agree to comply with them.			
Student Name (1)		Signature	
Student Name (2)		Signature	
Student Name (3)		Signature	
Parent/Carer Signature		Date	

Complete the following questions by circling your response		
1.	I will actively support the College by discussing and promoting with my child/ren the College Bus Rules and The College Bus Policy for Students travelling on buses' and acknowledge that my child/ren access to bus is dependent on good behavior.	Yes / No
2.	Are there any custodial issues that the College should be aware of?	Yes / No
3.	I will contact the College via email or SMS, if my child/ren is not requiring the bus service for the AM or PM run.	
4.	Does your child/ren have any additional needs related to travel on the bus that the bus department needs to be aware of? If yes, list details:	Yes / No
5.	My Primary and Secondary child/ren are permitted to be dropped off at the agreed 'hub location without any supervision or I will provide supervision.	Yes / No
6.	I have read & agree to comply with the 'Bus Travel – Terms and Conditions' (Part A)	Yes / No

Applicant's signature:		Date:	
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Please indicate the preferred methods of Bus Transport payment	
Payments to be received prior to bus travel commencing	
<input type="checkbox"/>	Added into fortnightly Direct Debit payments with School Fees
<input type="checkbox"/>	Annual upfront payment before Term, 2025 commences.

Office Use Only: Date and time completed application was received		
Date:	Time:	Copy to Fees Advisor <input type="checkbox"/>
Application cancelled on:		

College Fees Advisor:
I.D Number: