

APPLICATION TO TRAVEL ON A SCHOOL BUS 2009

STUDENT DETAILS						
Family Name	Given Name	Date of Birth	Intended Date for Commencement of Travel	School Enrolled At	Grade/Year level at Time of Travel	Are there any medical requirements of which the Driver should be made aware?

RESIDENTIAL ADDRESS	
POSTCODE	HOME TELEPHONE
IN THE CASE OF EMERGENCY CONTACT	
NAME:..... PH. ()	
NAME:..... PH. ()	

Exact distance by the shortest practicable route from:
Home to school _____ kilometres
Home to Bus Stop _____ kilometres
I certify that:
*All the above details are true and correct
*I will notify the principal in writing within seven days of any change in address or school
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ </div>
Signature of Parent/Guardian Date

OFFICE USE ONLY	
BUS PROPRIETOR	
BUS ROUTE SEAT NO.	
BUS STOP WHERE STUDENT WILL CATCH BUS (AM)	
Is there an older brother or sister already travelling on this bus: YES/NO	
If yes, indicate:	
FIRST NAME:	
SCHOOL:	YEAR LEVEL:

Note

1. Return completed form to co-ordinating school by 31st October, 2008
2. If approved approval will remain in force until the student changes address or school or the bus route is altered due to changed circumstances
3. For enquiries contact:

The Bus Co-ordinator
 Sunbury College
 Racecourse rd, Sunbury
 Telephone: 9744 1066
 Facsimile: 9744 7695