APPLICATION TO TRAVEL ON A SCHOOL BUS

(Everyone to complete)

STUDENT DETAILS						
FAMILY NAME	GIVEN NAME	DATE OF BIRTH	INTENDED DATE FOR COMMENCEMENT OF TRAVEL	SCHOOL ENROLLED AT	GRADE AT TIME OF TRAVEL	ARE THERE ANY MEDICAL REQ'S OF WHICH THE BUS DRIVER SHOULD BE MADE AWARE OF?
			30/1/2021 until child finishes schooling	Myrniong Primary		
			30/1/2021 until child finishes schooling	Myrniong Primary		
			30/1/2021 until child finishes schooling	Myrniong Primary		
			30/1/2021 until child finishes schooling	Myrniong Primary		

This form covers all local excursions and if wanting to travel with a friend after school for the duration your child is at Myrniong Primary School

RESIDENTIAL ADDRESS _____

Exact distance by the shortest practicable route from:
home to school.....kilometres
home to bus stop.....kilometres

IN THE CASE OF EMERGENCY CONTACT

NAME..... PH ( ) .....

NAME.....PH ( ).....

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

……. …… ……

Parent or Guardian Name Signature Date:

BUS TRAVEL WITHOUT SEAT BELTS

On excursions/camps our school requests buses to have seat belts. We ask our bus providers to advise if they cannot supply a bus with seatbelts that they advise our school, therefore we would contact parents who don't want children on the bus. ***It is not law that buses have seat belts but Public Transport Victoria ar ein the process of putting them in.***
Can you tick one of the following:

I do not wish for my child to be on a bus without seat belts ☐
My child can travel on the bus without a sea belt. ☐