

2024

Bus Application Form

Year	2024	Term PLEASE ENSURE ALL PAGES ARE COMPLETED AND SIGNED												
						APPLICANT D	DETAI	LS						
RESIDENTIAL ADDRESS														
Unit #		Street #		Addres	s									
Town/S	uburb					S	State			Postco	de			
PARENT/GUARDIAN DETAILS														
First Name					Surname					Telephone	e			
First Name					Surname	e				Telephone	e			
Email														
	TRAVELLER DETAILS													
Student one														
First Name					Surname			Travel start date						
Campus	5													
Which o	days do y	ou intend to use this service? (please u				o highlight)	Usa	Usage: Full Time / Casual						
MON] τι	JE		WED			THU]	FRI			
Student two														
First Name					Surname			Travel start date						
Campus	5													
Which o	days do y	ou intend to	u intend to use this service? (please use X to high				Usa	Usage: Full Time / Casual						
MON] ти	IE		WED			THU]	FRI			
Student	t three													
First Name					Surname			Travel start date						
Campus	5													
Which o	days do y	ou intend to	o use this s	ervice? (ple	ease use X t	o highlight)	Usa	Usage: Full Time / Casual						
MON] ти	ΙE		WED			THU]	FRI			
BUS SERVICE DETAILS														
AM Bus Route / Stop Details														
Bus rou	te name	Bus stop												
PM Bus	Route /	Stop Detail	s											
Bus rou	te name	Bus						op name						
OFFICE USE ONLY														
Date form submitted														
Manual Roll Updated			Synergetic Ta				g List	List Roll C			ll Stops Allocated			
RollCall	Bus Fee	Updated				Roll Call Tag No				Misc.				



Bus Expectations

When travelling on the bus, students must ensure they behave in accordance with the Student Code of Conduct.

PARENT/GUARDIAN TO COMPLETE:

I/We certify that:

- 1. All the above details are true and correct.
- 2. Agree to abide by the bus expectations
- 3. Understand that the first bus tag is at no cost and all replacement tags will be charged at \$25.
- 4. If my child is enrolled in Prep, a parent/guardian will be present at the bus stop every day at the time of the bus departure and arrival.
- 5. Agree to discuss the Bus Travel Student Duty of Care with my child(ren) available on our College website parent centre: <u>www.heathdale.vic.edu.au/parent-centre/policies-documents</u>
- 6. Agree that the College reserves the right to charge an administration fee if my child(ren's) are brought to after school care when not picked up on time at their designated bus stop. This fee will be determined by the College on case-by-case basis, which reflects the time and cost involved with each incident.
- 7. Understand that the College has a duty of care and may enrol my child(ren) in After School Care.
- 8. Agree to register my Primary-aged child in After School Care to ensure they are adequately cared for in an emergency.

It is understood that bus travel is provided and accepted on the conditions and expectations outlined in this application.

Parent/guardian name (please print)

Parent/guardian signature

Date _____

Once form is completed, please email to: <u>buscoordinator@heathdale.vic.edu.au</u>