



# Bus Application Form

Year	2025	Term		PLEASE ENSURE ALL PAGES ARE COMPLETED AND SIGNED
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## APPLICANT DETAILS

### RESIDENTIAL ADDRESS

Unit #		Street #		Address	
Town/Suburb				State	Postcode

### PARENT/GUARDIAN DETAILS

First Name		Surname		Telephone	
First Name		Surname		Telephone	
Email					

## TRAVELLER DETAILS

### Student one

First Name		Surname		Travel start date	
Campus					
Which days do you intend to use this service? (please use X to highlight)				Usage: Full Time / Casual	
MON	<input type="checkbox"/>	TUE	<input type="checkbox"/>	WED	<input type="checkbox"/>
		THU	<input type="checkbox"/>	FRI	<input type="checkbox"/>

### Student two

First Name		Surname		Travel start date	
Campus					
Which days do you intend to use this service? (please use X to highlight)				Usage: Full Time / Casual	
MON	<input type="checkbox"/>	TUE	<input type="checkbox"/>	WED	<input type="checkbox"/>
		THU	<input type="checkbox"/>	FRI	<input type="checkbox"/>

### Student three

First Name		Surname		Travel start date	
Campus					
Which days do you intend to use this service? (please use X to highlight)				Usage: Full Time / Casual	
MON	<input type="checkbox"/>	TUE	<input type="checkbox"/>	WED	<input type="checkbox"/>
		THU	<input type="checkbox"/>	FRI	<input type="checkbox"/>

## BUS SERVICE DETAILS

### AM Bus Route / Stop Details

Bus route name		Bus stop name	
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### PM Bus Route / Stop Details

Bus route name		Bus stop name	
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## OFFICE USE ONLY

Date form submitted				
Manual Roll Updated		Synergetic Tag List		Roll Call 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: [www.heathdale.vic.edu.au/parent-centre/policies-documents](http://www.heathdale.vic.edu.au/parent-centre/policies-documents)
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: [buscoordinator@heathdale.vic.edu.au](mailto:buscoordinator@heathdale.vic.edu.au)