

# GLOSSOP HIGH SCHOOLS BUS TRAVEL APPLICATION 2019

VERSION 2: 10/18

## CONDITIONAL CLAUSE

No student is permitted to travel on a school bus without written approval from an authorised DE officer.

**A new bus travel application must be completed every 12 months.** Students who are approved to travel on a school bus must abide by the behaviour management policy of their school and can be removed from the bus for repeated or significant behaviour breaches. Not every student has the right to travel on a school bus see DE School Transport Policy ([www.education.sa.gov.au](http://www.education.sa.gov.au))

Application Date:     /     /20.....

*Please return this form to your school for processing.*

### PERSONAL DETAILS:

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Year Level 2019: \_\_\_\_\_

Parent/ Carer: \_\_\_\_\_ Middle Campus / Senior Campus – (please circle which campus)

Phone Numbers:     Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
(Please circle best daytime contact Number)

Email Address: \_\_\_\_\_ UHF: \_\_\_\_\_ MHz

Address: <i>(Place of Residence)</i> <b>DO NOT USE PO BOX NUMBERS</b>	Property Name: <i>(If applicable)</i>		Street / Lot / Section Number:	
	Street / Road:		Closest Town:	
	Hundred / Postcode:	Postal Address: <i>(If different)</i>	Rural Street Address: <i>(this must be completed)</i>	

### RESIDENTIAL ADDRESS MAP LOCATION:

(Please draw a sketch map or attach a google maps print-out to show the relative location of your property to the nearest main road(s) and town(s); only complete for one child if more than one travelling on buses.)



Please fill out information below if your child requires regular transport to another residence. Please provide reason below.

Address: <i>(Place of Residence)</i> <b>DO NOT USE PO BOX NUMBERS</b>	Property Name: <i>(If applicable)</i>		Street / Lot / Section Number:	
	Street / Road:		Closest Town:	
	Hundred / Postcode:	Postal Address: <i>(If different)</i>	Rural Street Address: <i>(this must be completed)</i>	

REASON FOR 2ND BUS ROUTE: \_\_\_\_\_

**RESIDENTIAL ADDRESS MAP LOCATION:**

(Please draw a sketch map or attach a google maps print-out to show the relative location of your property to the nearest main road(s) and town(s); only complete for one child if more than one travelling on buses.)

**ENTITLEMENT DECLARATIONS:**

1	Is this student bypassing their closest DE (Government) High School to travel to enrol in another Government High School? If Yes, an <b>Application to Bypass A Local School</b> must be completed and approved by the Executive Principal before this application can be considered.	<b>Yes / No</b>
1a	Has an application to <b>"Bypass Local School"</b> (Government to Government school) been submitted and approved.	<b>Yes / No</b>
2	Please indicate days bus travel is required. <i>(Circle)</i> : Mon                  Tue                  Wed                  Thurs                  Fri	
3	Does this student have other siblings enrolled at school that already have/ will be applying for approval to travel on the same requested school bus route, from the same place of resident? <b>(NB: Separate Application form required for each sibling)</b>	<b>Yes / No</b>

If Yes, please state the name(s) school(s) of sibling(s)

Name	Sex	Date of Birth	Attends this School?			
	Male <input type="checkbox"/> Female <input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Male <input type="checkbox"/> Female <input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Male <input type="checkbox"/> Female <input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Male <input type="checkbox"/> Female <input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				Yes <input type="checkbox"/> No <input type="checkbox"/>



**MEDICAL CONDITION DECLARATION & TREATMENT NECESSARY FOR STUDENT (that the bus driver needs to know)**

*(Bus Drivers under contract are not FIRST AID TRAINED.)*

Does your child have a diagnosed medical condition which might need first aid?

Yes  No

CONDITION	SYMPTOMS	TREATMENT

If Yes, the school will need a health care plan from the treating doctor/health professional. Please attach copy.

**PARENT / CARER CONSENT:**

I / We consent to our son / daughter travelling on a school bus to / from school on their **designated bus route** and to / from their **designated stop**. It is understood that school bus travel will be bound by DE School Transport Policy and Glossop High Schools Bus Transport Policy and that provisional access passengers may have travel approval withdrawn at any time. I / we declare that the information contained in this application is true and correct as of the date of application and that any changes of details must be forwarded on a new bus travel application form to the enrolled school within **7 working days**. It is understood that students travelling on school buses are bound by an acceptable behaviour code managed in the first instance by their school and students reported for repeated or significant behaviour breaches may have their access to bus transport revoked.

Signature of Parent/ Carer:

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Signature of 'Enrolling' School Principal:

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**OFFICE USE ONLY**

Date Received:	/ /20	Date Processed:	/ /20	<b>Travel Approval</b> Granted / Refused
Date confirm letter sent	/ /20	Reason(s) for refusal:		Processed By:
2 <sup>nd</sup> Bus Application	/ /20	Date Processed:	/ /20	<b>Travel Approval</b> Granted / Refused
Date confirm letter sent	/ /20	Reason(s) for refusal:		Processed By:

**BUS ROUTE APPROVED:**

Barmera	Gerard/Winkie/Glossop/Berri	Loveday	Monash	Dunstone Rd
Overland Cnr Cobby	Lyrup/Berri/Glossop	Berri Central	Berri West	Berri East
Monash East	New Residence			

Run Am	Stop Number	Time Am	Bus Tag Colour	BusBiz advised date:	Spreadsheet :
Run Pm		Time Pm			EDSAS:

**2<sup>nd</sup> BUS ROUTE APPROVED:**

Barmera	Gerard/Winkie/Glossop/Berri	Loveday	Monash	Dunstone Rd
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