



**APPLICATION FOR STUDENTS FOR TRAVEL
ON A SCHOOL BUS WHEN BY-PASSING A LOCAL SCHOOL**

PLEASE NOTE THE FOLLOWING:

- Parents need to present this application to the Principal of their chosen school. That Principal will send it on to the Principal of the school the student wishes to bypass and other relevant education officers for comment if required.
- Applications will be assessed on the Department’s School Transport Policy Guidelines (See Eligibility to travel and Choice of School bus travel) and consideration will also be given to any other special family circumstances.
- Following assessment, permission may be given for students to bypass under the following conditions:-
As an ineligible student – Whilst there are spare seats on the bus subject to ongoing review.
As an eligible student – Guaranteed to a seat on the bus for the period of enrolment at the chosen school (Approval only given if specific policy criteria is met).
- Parents should seek further information about the criteria for bypassing by referring to the School Transport Policy (V1.3) 2012.

PARENT’S NAME:

STUDENT’S NAME: YEAR LEVEL:

STUDENT’S NAME: YEAR LEVEL:

STUDENT’S NAME: YEAR LEVEL:

STUDENT’S NAME: YEAR LEVEL:

ADDRESS:

POSTCODE: TELEPHONE: MOBILE:

NEAREST SCHOOL:

CHOSEN SCHOOL:

REASON FOR WISHING TO BY-PASS NEAREST SCHOOL:
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ARE YOUR CHILDREN CURRENTLY ATTENDING THE REQUESTED SCHOOL/Preschool?
YES () NO ()

PARENT SIGNATURE: DATE:

ADVICE AND COMMENTS FROM: (please clearly state your support or otherwise and reasons)

PRINCIPAL OF CHOSEN SCHOOL:
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.....
I have ascertained that a seat is available on the school bus for this year. YES () NO ()
SIGNATURE: DATE:

PRINCIPAL OF NEAREST SCHOOL (ie SCHOOL THAT STUDENT SEEKS APPROVAL TO BYPASS) :
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)

OTHER RELEVANT INFORMATION) e.g. Educational Psychologist, Doctor reports etc
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Has a separate report been attached? YES () NO ()
SIGNATURE: DATE:

APPROVED/NOT APPROVED

If Approved, what are conditions of Approval:-

- Ineligible Traveller (Attached Form Appendix 2 – Conditions of Bus Travel) to be signed and completed by Parent/Caregiver.
- Eligible Traveller (Based on specific Policy Criteria).

Letter sent:DATE.....

**IN THE CASE OF AN APPEAL
EDUCATION DIRECTOR'S COMMENTS and Decision**

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Letter sent to all parties:DATE.....
SIGNATURE: DATE: