

GLOSSOP HIGH SCHOOLS OUT OF SCHOOL ACTIVITIES BUS TRAVEL APPLICATION

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)

Application Date: / /20.....

Please return this form to your school for processing.

PERSONAL DETAILS:

Student: _____ Date of Birth: _____ Year Level: _____

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> DO NOT USE PO BOX NUMBERS	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 APPLICATION:

LOCATION OF STOP: _____

DATE REQUIRED FROM : _____ **DATE REQUIRED TO:** _____

Please indicate day / s bus travel is required. (Circle):					
Mon	Tue	Wed	Thurs	Fri	

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.

Please turn over.



Government of South Australia
Department for Education

PARENT / CARER CONSENT:

I / We consent to our son / daughter travelling on a school bus to an out of school activity as requested above on an **alternate bus route**. 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Policy and Glossop High Schools Bus Transport Policy and that provisional access passengers may have travel approval withdrawn at any time.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 Out of School Activities 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:				
Signature of 'Enrolling' School Principal:				

OFFICE USE ONLY

Date Received:	/ /20	Date Processed:	/ /20	Recommendation Yes / No	Travel Approval 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 Pass	BusBiz advised date:	Spreadsheet entered:
Run Pm		Time Pm			

