



BALAKLAVA SCHOOLS BUS PASSENGER INFORMATION



2017

Dear Parents / Caregivers

To enable your child/children to access travel on the School Bus Service we require the following information. This will allow us to organise suitable seating and computer records.

On receipt of this completed form to the front office of Balaklava Primary School, travel arrangements can be made.

BUS ROUTE

Table with 4 columns: STUDENTS NAME, DATE OF BIRTH, YEAR LEVEL, SCHOOL. Each row contains dotted lines for text entry.

HOME ADDRESS

SECTION NO. HUNDRED OF

HOME PHONE MOBILE

Box containing *COMPULSORY INFORMATION: to be used directly or through School E-news for bus emergencies, breakdowns or bushfire alerts. Includes fields for PRIMARY EMERGENCY CONTACT NAME & MOBILE NO and EMAIL ADDRESS. Ends with: You remain responsible for keeping this information current

IF KNOWN - Name of other students catching bus at/or closest existing stop.

DATE OF EXPECTED TRAVEL COMMENCEMENT

Will your child/children be travelling regularly morning and afternoon each day? Y or N

IF NO - additional information please

MEDICAL CONDITIONS

Does your child have any relevant medical conditions?

Yes / No

If yes,

(1) STUDENT NAME

Condition & Treatment.....
.....
.....

(2) STUDENT NAME.....

Condition & Treatment.....
.....
.....

**Arrangements for when a bus traveller reaches their stop and no adults are present.
(For Primary School Students only)**

1. My child/children is/are capable to walk home

OR

Keep my child / children on the bus then

(a) Drop them off at the next stop / neighbours

(b) Return them to school and I will arrange to collect them

2. I will ring to make an appointment to discuss the above arrangements.

I have read and understand the Bus Student Behaviour Management Policy, given notification above of any relevant medical conditions and answered all questions.

SIGNED
PARENT/CAREGIVER

DATE

Mark Healy

Principal
Balaklava High

Tricia Joseph

Principal
Balaklava Primary