

School Bus Travel Application

CLARE REGIONAL SCHOOLS

VERSION 5: 03/13

CONDITIONAL CLAUSE

No student is permitted to travel on a school bus without written approval from an authorised DECD 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 Clare Regional Bus Travel Policy). Non-eligible students may be granted provisional access to bus travel if room exists and if they satisfy the selection criteria (see Clare Regional Bus Travel Policy), However, provisional access may be revoked at any time due to circumstances subject to 2 weeks' notice.

Application Date	OFFICE USE APPLICANT'S SCHOOL STAMP:	
/ /20		

Please return this form to your school for processing

Personal Details:

Student:		Date of birth:	Year level: (In 2017)
Parent/Caregiver	Enrolment School:		

Phone numbers (please circle best daytime contact number)	Home:	Work:	Mobile:
Email Address:			

Address: <small>(Place of residence) DO NOT USE PO BOX NUMBERS</small>	Property Name: (if Applicable)	Street /Lot/Section Number:	
	Street/Road:	Closest Town:	
	Hundred/Postcode:	Postal Address (If different)	Rapid Number: (if Applicable)

Bus Route applying for and Start Date requested: (tick ONE ONLY)

<input type="checkbox"/>	Auburn	<input type="checkbox"/>	Brinkworth	<input type="checkbox"/>	Hilltown	<input type="checkbox"/>	Spalding	<input type="checkbox"/>	Watervale	Start Date requested / /20
<input type="checkbox"/>	Blyth	<input type="checkbox"/>	Farrell Flat	<input type="checkbox"/>	Mintaro	<input type="checkbox"/>	Spring Gully	<input type="checkbox"/>	St Jo's to OHSC	
<input type="checkbox"/>	Snowtown									

Residential Address Map Location:

(Please draw a sketch map to show the relative location of your property to the nearest main road(s) and town (s):

Entitlement Declarations:

1	Is this student's place of residence more than 5km by the shortest practicable route to their enrolled school?	YES / NO
1a	If No, please state/attach any special circumstances that may be used to support this application:	
2	Is this student bypassing their closest DECD (Government) Primary School to travel to enrol in another Government Primary School? If Yes, an Application to Bypass A Local School must be completed and approved by the Regional Director before this application can be considered.	YES / NO
2a	Has an application to ' Bypass Local School ' (Government to Government school) been submitted and approved	YES / NO
3	Does this student require bus travel less than 3 days per week?	YES / NO
4	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 residence?	YES / NO
	If YES, please state/attach the name(s) school(s) of sibling(s)	

Medical Condition Declaration:

Does the student have any medical condition(s) or is taking any medication(s)?	YES / NO
If YES, please provide/attach details.	

Parent/Caregiver 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 DECD School Transport Policy and Clare Regional School 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 the bus transport revoked.

Signature of Parent/Caregiver:	Date: / / 20
Signature of 'Enrolled' School Principal:	Date: / / 20

OFFICE USE ONLY

Date received	/ / 20	Date processed	/ / 20	TRAVEL APPROVAL GRANTED /REFUSED	ROUTE	STOP NO
Date confirm letter sent	/ / 20	Reason(s) for refusal				Processed by: