

Permission to use School Bus Service (One Off)

Name of Current Bus Traveller:

Bus Route Number/Name of Bus Company:

Casual Bus Details

Traveller Name:

Traveller Address:

Parent/Guardian Name:

Parent/Guardian Phone:

Dates of travel: From - To -

Reason for travel:

Conditions of travel

- *Wear a seat belt where fitted.*
- *Get on and off the bus in a quiet and orderly manner.*
- *Stay in your seat while the bus is moving.*
- *No dangerous goods or substances to be taken onto the bus.*
- *No drugs or alcohol permitted on the bus.*
- *You are to respect the bus driver and other passengers on the bus at all times.*
- *No verbal or physical abuse will be tolerated, either at the bus stops or on the bus.*
- *No distraction to the bus drivers will be tolerated.*
- *You are only to travel on the bus stated above, and will hop on and off at designated bus stops.*
- *Parents are responsible for their children travelling to and from bus stops and their safety at the bus stop.*
- *In rare and exceptional circumstances, and only as a last resort, drivers are authorised to eject passengers from a bus.*

Failure to comply with these conditions will result in the student being unable to travel on the designated bus in future.

I agree to the above conditions.

.....
Parent Signature Date Student Signature Date

**Please detach the below and give to the travelling student to pass onto the bus driver. Thank you.*

✂-----

Please allow to travel on your bus service on the following dates.

From - To - Pick Up - Drop Off -

Please note; both the student and parent have signed consent and have agreed to the conditions of travel.

Thank you,



Jodi Morgan
Bus Coordinator