



BALAKLAVA SCHOOLS BUS PASSENGER INFORMATION



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

STUDENTS NAME	DATE OF BIRTH	YEAR LEVEL	SCHOOL
.....
.....
.....
.....
.....

HOME ADDRESS

SECTION NO. HUNDRED OF

HOME PHONE MOBILE

EMERGENCY CONTACT NAME & NO

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

Dale Gathercole

Principal
Balaklava Primary