



BALAKLAVA SCHOOLS BUS PASSENGER INFORMATION



2019

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 .....

HOME PHONE ..... MOBILE .....

Box containing compulsory information: \*COMPULSORY INFORMATION : to be used directly or through School Contact App "FlexiBuzz", or Facebook for bus emergencies, breakdowns or bushfire alerts. PRIMARY EMERGENCY CONTACT NAME & MOBILE NO ..... AND EMAIL ADDRESS ..... You remain responsible for keeping this information current. Parent/caregivers will be notified of all bus alerts regarding emergency changes to the runs via FlexiBuzz and Balaklava Primary Facebook page.

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 .....

*Sonia Pringle*

Principal  
Balaklava High

*Dianna Jarman*

Principal  
Balaklava Primary