



**APPLICATION FOR STUDENTS
FOR TRAVEL ON SCHOOL BUS WHEN BY-PASSING LOCAL SCHOOL**

PLEASE NOTE THE FOLLOWING:

1. Parents need to present this application to the Principal of their chosen school. That Principal will send it on to the other Principal and relevant education officers for comment.
2. Approval will be based on the following criteria:
 - a) the Department's Transport Policy Guidelines
 - b) the special educational/psychological needs of the student
 - c) special family circumstances.
3. Permission can only be given while a vacant seat exists on the bus, and therefore is subject to annual review.
4. Parents should seek further information about the Department's Transport Policy by referring to the Administration Instructions and Guidelines (available from any school) Section 1: Division 8, 124 School Transport.

PARENT'S NAME:

STUDENT'S NAME: YEAR LEVEL:

STUDENT'S NAME: YEAR LEVEL:

STUDENT'S NAME: YEAR LEVEL:

ADDRESS:

POSTCODE: TELEPHONE: MOBILE:

NEAREST SCHOOL:

CHOSEN SCHOOL:

REASON FOR WISHING TO BY-PASS NEAREST SCHOOL:

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ARE YOUR CHILDREN CURRENTLY ATTENDING THE REQUESTED SCHOOL?

YES () NO ()

PARENT SIGNATURE: DATE:

ADVICE AND COMMENTS FROM: (please clearly state your support or otherwise and reasons)

PRINCIPAL OF CHOSEN SCHOOL:

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I have ascertained that a seat is available on the school bus for this year. YES () NO ()
Has a separate report been attached / sent to the Regional Director? YES () NO ()

SIGNATURE: DATE:

PRINCIPAL OF NEAREST SCHOOL:

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Has a separate report been attached / sent to the Regional Director? YES () NO ()

SIGNATURE: DATE:

RELEVANT EDUCATION OFFICER(S) eg. Guidance Officer

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Has a separate report been attached / sent to the Regional Director? YES () NO ()

SIGNATURE: DATE:

REGIONAL DIRECTOR'S COMMENTS:

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SIGNATURE: DATE:

NOT APPROVED () APPROVED () Until: