

**Haddon Primary School
Application For Travel On The School Bus**

Family Name	Given name	Date of birth	Proposed date of commencement of travel	Year	Are there any medical problems/requirements which the driver should be made aware

Residential address _____ **Phone** _____

Postal Address _____

<p>If you are unable to be contacted during bus travel times - 8.00 – 9.00am and 3.30 – 4.30pm, please list alternative contacts:</p> <p>Name: _____ Phone: _____</p> <p>Name: _____ Phone: _____</p>	<p>Exact distance by the shortest practicable route from home to school: _____ kms.</p> <p>Please tick times that your child will be traveling on the bus.</p>						
		Mon	Tues	Wed	Thu	Frid	Comments
	AM						
	PM						

I certify that:

- All the above details are true and correct, and
- I will notify the school of any changes to travel arrangements, and
- I have read the notice attached regarding school bus travel arrangements and accept the Code of Conduct and the consequences for my child / children.

Signature of parent/guardian _____ **Date:** _____

For Office Use Only:	Bus Stop: _____ _____	Received by _____ Date: _____
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