

BUS FAMILY ENROLMENT FORM

Parent / Guardian 1:

Phone:

Email address:

Parent / Guardian 2:

Phone:

Email address:

EMERGENCY CONTACTS AND AUTHORITY TO COLLECT

This is not to include above listed parents / guardians.

Name:

Phone Number:

Address:

Relationship to child:

Name:

Phone Number:

Address:

Relationship to child:

NAMES OF CHILDREN THIS ENROLMENT IS FOR

NAME

Date of Birth

Anything we should know:

PARENT / GUARDIAN AUTHORITY AND ACKNOWLEDGEMENT

I confirm that the information in this application is true and correct and will be relied upon by the school and that I will contact the school immediately if anything changes. In the event of an emergency, I consent for the staff member in charge to provide first aid or seek other medical intervention as deemed necessary.

BUS FAMILY ENROLMENT FORM

I undertake to;

- Inform the driver of any absence of my child.
- Ensure that my child is ready for the bus each morning
- Notify the service immediately should there be any changes in living arrangements or contact details

Pick up / Drop off point

This is the address for my children to be picked up/dropped off.

Days of Service Request

Which days / service are you requesting? **Please tick**

	Monday	Tuesday	Wednesday	Thursday	Friday
Pick up					
Drop off					

There will be an adult home Yes / No

My child / ren will have a key to gain access Yes / No

Parent / Guardian Signature:

Date:

Principal's Signature:

Date: