



# Form 2: Application for Permission to Travel – Fare Paying Students

| Year   |          | Term           | PLEASE ENSURE ALL PAGES ARE COMPLETED AND SIGNED |                 |                |                        |     |                              |               |               |                              |     |  |
|--|----------|----------------|--|-----------------|----------------|------------------------|-----|------------------------------|---------------|---------------|------------------------------|-----|--|
|  |          |                |  |                 |                | APPLICANT              | DET | TAILS                        |               |               |                              |     |  |
|  |          |                |  |                 |                | RESIDENTIAL            |     |                              |               |               |                              |     |  |
| Unit #   |          | Street #       |  |                 |                | Address                |     |                              |               |               |                              |     |  |
| Town/Suburb  |          |                |  | State           |                |                        |     |                              | Postcod       | е             |                              |     |  |
| Exact distance (in km) by the shortest practic route   |          |                | acticab  | le              | Home to school |                        |     | km                           |               | Home to       | bus stop                     | km  |  |
| POSTAL ADDRESS   |          |                |  |                 |                |                        |     |                              |               |               |                              |     |  |
| Unit/Street/PO Box No.   |          |                |  | Postal Address  |                |                        |     |                              |               |               |                              |     |  |
| Town/Suburb  |          |                |  |                 |                | State                  |     |                              |               | Postcode      |                              |     |  |
| PARENT/GUARDIAN DETAILS  |          |                |  |                 |                |                        |     |                              |               |               |                              |     |  |
| First Name   |          |                |  |                 |                | Surname                |     |                              |               |               | Telephone                    |     |  |
| First Nar  | ne       |                |  |                 |                | Surname                |     |                              |               | Telephone     |                              |     |  |
| Email  |          |                |  |                 |                |                        |     |                              |               |               |                              |     |  |
| Emergency contacts   |          |                | 1  |                 |                | Relationship           |     |                              |               |               | Telephone                    |     |  |
|  |          |                | 2  |                 |                | Relationship           |     |                              | Teleph        |               |                              | ne  |  |
| TRAVELLER DETAILS  |          |                |  |                 |                |                        |     |                              |               |               |                              |     |  |
| Student  | one      |                |  |                 |                |                        |     |                              |               |               |                              |     |  |
| First Name   |          |                |  |                 |                | Surname                |     |                              |               |               | Date of birth                |     |  |
| Travel start date  |          |                |  |                 |                | School enrolled        |     |                              |               |               | Year level at time of travel |     |  |
| Any medical problems or requirements the driver should be notified of? If yes, please provide details. |          |                |  |                 |                |                        |     |                              |               |               |                              |     |  |
|  |          |                |  |                 |                |                        |     |                              |               |               |                              |     |  |
| Which da   | ays do y | ou intend to ι | use this servic                                  | ce? (ple        | ase use 2      | <b>K</b> to highlight) |     |                              |               |               |                              |     |  |
| MON  |          |                | TUE  |                 |                | WED                    |     |                              | THU           |               |                              | FRI |  |
| Student  | two      |                |  |                 |                |                        |     |                              |               |               |                              |     |  |
| First Name   |          |                |  |                 | Surname        |                        |     |                              | Date of birth |               |                              |     |  |
| Travel start date  |          |                |  |                 |                | School enrolled        |     |                              |               |               | Year level at time of travel |     |  |
| Any medical problems or requirements the driver should be notified of? If yes, please provide details. |          |                |  |                 |                |                        |     |                              |               |               |                              |     |  |
|  |          |                |  |                 |                |                        |     |                              |               |               |                              |     |  |
| Which days do you intend to use this service? (please use X to highlight)                              |          |                |  |                 |                |                        |     |                              |               |               |                              |     |  |
| MON  |          |                | TUE  |                 |                | WED                    |     |                              | THU           |               |                              | FRI |  |
| Student  | three    |                |  |                 |                |                        |     |                              |               |               |                              |     |  |
| First Name   |          |                |  | Surname         |                |                        |     |                              |               | Date of birth |                              |     |  |
| Travel start date  |          |                |  | School enrolled |                |                        |     | Year level at time of travel |               |               |                              |     |  |
| Any medical problems or requirements the driver should be notified of? If yes, please provide details. |          |                |  |                 |                |                        |     |                              |               |               |                              |     |  |
|  |          |                |  |                 |                |                        |     |                              |               |               |                              |     |  |
| Which days do you intend to use this service? (please use <b>X</b> to highlight)                       |          |                |  |                 |                |                        |     |                              |               |               |                              |     |  |
| MON  |          |                | TUE  |                 |                | WED                    |     |                              | THU           |               |                              | FRI |  |

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| OFFICE USE ONLY                        |                |   |              |                                   |                   |         |      |  |  |  |
|--|----------------|---|--------------|-----------------------------------|-------------------|---------|------|--|--|--|
| Date Form Submitted                    | Received by    |   |              |                                   |                   |         |      |  |  |  |
| Date Form completed                    |                | Parent/Guardian signe                                     |              | Eligibility assessed - Y/N?       |                   |         |      |  |  |  |
| Waitlisted - Y/N?                      |                | Student(s) signed - Y/N                                   |              | Application (s) Approved/Declined |                   |         |      |  |  |  |
| Student is listed as ineligible and is | l approval – d | etail the fa  | re Amount (  | e.g. \$120                        | per term, \$480 p | er year |      |  |  |  |
| Student one                            |                |   |              |                                   |                   |         |      |  |  |  |
| Student two                            |                |   |              |                                   |                   |         |      |  |  |  |
| Student three                          |                |   |              |                                   |                   |         |      |  |  |  |
| Fare Payment required –Y/N?            |                | Has Parent/Guardian been invoiced Y/N?                    |              |                                   |                   |         | Date |  |  |  |
| Fares collected – Y/N?                 |                | Has Parent been notified in writing of travel status Y/N? |              |                                   |                   |         | Date |  |  |  |
| BUS SERVICE DETAILS                    |                |   |              |                                   |                   |         |      |  |  |  |
| AM Bus Service (s)                     |                |   |              |                                   |                   |         |      |  |  |  |
| Bus route allocated                    |                |   | Bus operato  | r                                 |                   |         |      |  |  |  |
| Interchange details -if req.           |                | Bus op  |              |                                   | or                |         |      |  |  |  |
| Pick-up bus stop location              |                | Pick up time  |              |                                   |                   |         |      |  |  |  |
| Drop off bus stop location             |                | Drop off time   |              |                                   |                   |         |      |  |  |  |
| Seat number allocated                  |                | Bus roll updated  |              |                                   |                   |         |      |  |  |  |
| Comments:                              |                |   |              |                                   |                   |         |      |  |  |  |
| PM Bus Service (s)                     |                |   |              |                                   |                   |         |      |  |  |  |
| Bus route allocated                    |                |   | Bus operator |                                   |                   |         |      |  |  |  |
| Interchange details -if req.           |                |   | Bus operator |                                   |                   |         |      |  |  |  |
| Pick-up bus stop location              |                |   | Pick up time | 9                                 |                   |         |      |  |  |  |
| Drop off bus stop location             |                |   | Drop off tim | ne                                |                   |         |      |  |  |  |
| Seat number allocated                  |                |   | Bus roll upd | ated                              |                   |         |      |  |  |  |
| Comments:                              |                |   |              |                                   |                   |         |      |  |  |  |
|  |                |   |              |                                   |                   |         |      |  |  |  |
|  |                |   |              |                                   |                   |         |      |  |  |  |

### **OFFICE USE ONLY**

#### IMPORTANT:

- When advising Parents/Guardians that a fare payment is required, it is important to communicate the full fare amount and the fare payable due date <u>prior</u> to advising that travel is approved.
- Parents/Guardians must be advised that travel cannot be approved until fare payment (term by term) is made.
- Please ensure that all fares collected are recorded on the fares acquittal template, available on the Department's website.

School Bus Coordinator Name (please print):

School Signature – Coordinating Principal / Delegate signature:

Date

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#### **Conditions of Travel**

To ensure the safety of all passengers on school buses, the following conditions apply at all times.

#### To ensure safe travel on school buses, students must agree to the following:

- Not to play on the road at the bus stop or try to get on the bus before it has stopped.
- Make sure you and your belongings are inside the bus at all times.
- Not throw anything from a bus window or have anything hanging out a window.
- Place bags and other belongings in the allocated storage areas.
- Get on and off the bus quietly and in an orderly manner.
- Stay in your seat while the bus is moving.
- Not distract drivers with screaming, shouting or unruly behaviour.
- When you get off the bus only cross the road when the bus has left and it is safe to do so.
- No dangerous or flammable goods are allowed on the bus, for example aerosol cans.
- Travel on the bus service allocated to you, to and from your approved bus stop only. Do not change to one that will take you to a sports or social event.
- Wear a seat belt where fitted.

#### To ensure students are considerate to one another and their bus driver, they must agree to:

- In the morning, arrive at the bus stop 10 minutes prior to departure.
- Not eat, drink or smoke while on the school bus.
- In the morning, let the school and driver know if you will not be travelling home on the bus that day.
- Use a standard conversational tone and not use offensive language or call out to others on board or to passing traffic or people.
- Listen to the bus driver and bus captain. They are responsible for maintaining school bus safety and also have the authority to report any vandalism or misbehaviour including but not limited to bullying, teasing, or aggression.
- Leave your bike in a safe and secure place if riding to the bus stop. Public Transport Victoria and the Department of Education and Training are unable to accept responsibility for the safety of your bike.
- Behaving inappropriately on a school bus places the safety and wellbeing of all on board at risk.

#### Non-compliance with any of the above conditions may result in the following:

- The driver will stop the bus.
- The student's name and full details of the breach will be recorded.
- The student will be transported to school or to their normal drop off.
- The breach will be reported to the coordinating principal.
- The coordinating principal will take disciplinary measures in accordance with the guidelines below.
- In rare and exceptional circumstances, and only as a last resort, drivers are authorised to eject passengers from a bus.

#### Following the report of a relevant incident, the coordinating principal may take the disciplinary action below:

- First offence verbal warning to student.
- Second offence written warning to parent/guardian.
- Third offence one week suspension of student from school bus travel.
- Fourth offence the student will not be allowed to travel on the school bus for the remainder of the year.

#### A serious offence that endangers other students, bus staff or property will result in immediate suspension.

#### Responsibilities of parents/guardians

- Parents/guardians are responsible for transporting their children to and from authorised bus stops and their safety at the bus stop while waiting for the bus.
- Supervision is not provided at roadside bus stops. Parents/guardians are responsible for their children upon disembarking the afternoon service.
- Parents waiting for bus passengers at a roadside bus stop should wait on the same side of the road as the bus to prevent accidents.
- School bus travel is a privilege and not a right and consequences will follow a breach of these conditions.
- It is understood that bus travel is provided and accepted on these conditions.

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## **PARENT/GUARDIAN TO COMPLETE:** I certify that: 1. All the above details are true and correct. 2. I will notify the principal in writing within 7 days of any change of address or school. 3. I agree to pay the costs of repairs or damage to the bus, or its replacement if totally destroyed, caused by the vandalism or deliberate act of my child(ren). 4. I consent to release this information to Public Transport Victoria (PTV) to assist with planning for transport services. I agree to pay a term fare (determined by PTV) of \$ in advance of travel. The fare is payable for each child per term. The total payment per term for child(ren) is \$ I understand that my child(ren)'s permission to travel on the school bus service is subject to the following terms and conditions: 1. My child(ren) may only travel where seating is available on the service after all students with prior rights have been accommodated. 2. I will make alternative arrangements if seating becomes insufficient after students with prior rights to travel are accommodated. 3. My child(ren)'s continued access to the bus service will be subject to review at the end of each term. 4. My child(ren) may not form a case or part of a case for the retention, extension or addition of services, or a route or timetable alteration, or the provision of a larger vehicle. 5. Curriculum preference does not guarantee my child(ren) continued access to the school bus service. I acknowledge the decision about whether my child(ren) can travel on the school bus service is at the discretion of the coordinating principal and may be reviewed at any time in accordance with these terms and conditions. I accept the authority of the coordinating principal with regard to student discipline on the school bus service. I agree to abide by the above Conditions of Travel. I understand that if I or my child(ren) do not comply with the Conditions of Travel, it may result in my child(ren) not being permitted to travel on the school bus service.

Parent/guardian name (please print)

Parent/guardian signature

Date

#### **STUDENT (s) TO COMPLETE:**

I accept the authority of the coordinating principal with regard to student discipline on the school bus service.

I agree to abide by the above Conditions of Travel.

| Student    | Student one | Student two | Student three |
|------------|-------------|-------------|---------------|
| Print Name |             |             |               |
| Signature  |             |             |               |
| Date       |             |             |               |

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