

2018
Application to travel on a DECD bus servicing Gawler & District College
for SECONDARY STUDENTS ONLY (Years 8-12)

To be eligible to travel by bus, you must live 5km from the school.
If this is the case please complete this form and return to Bus Coordinator

Student Personal Details (Please provide proof of Birth)

Student Family Name:.....

Student Given Names:.....

Date of Birth:...../...../..... Gender

Other siblings using the bus service: YES/NO BUS NO:.....STOP NO:.....

Siblings full Name Current School Attending:.....

Email address:.....@.....

Student Address Details (Please provide proof of Residence)

Mailing Address (Of Parent / Guardian with whom student lives the majority of school week)

Mailing Address Title:..... Residential Address Title:.....

Address Line 1:..... Address Line 2:.....

Suburb / Town:..... Suburb / Town:.....

Postcode:..... Postcode:.....

By Signing this form I am aware my child/ren are in the duty of care of Gawler & District College once on the bus and they are not permitted to leave the school grounds on arriving at school

Parent or Legal Guardian (Birth or Adoptive parent)

Signature: Home Phone:..... Silent Yes/No

Relationship to student: Mobile Phone:.....

Work Phone Ext:.....

Description of Location (e.g. Dawkins Rd & Corner of Pederick Rd) (This information helps to ascertain which bus to put students on & at which stop)

Description of location:.....

Distance from Nearest Government School:.....

Health

Does your child have a diagnosed medical condition, which might need first aid? YES / NO

If yes please circle relevant condition:-

Severe Allergies Asthma Heart Condition Diabetes

Joint Condition Seizures Other (specify):.....

Office Use Only

Application Approved: YES / NO	Bus Number:	Bus Stop:	Advised Bus Driver: YES / NO
Entered on Database: YES / NO	Entered by:	ID#	Barcode#