



# Bus Application – GDC Students

## Application to travel on a Department for Education bus servicing Gawler & District College B-12

**Please Note:** To be eligible to travel by bus, you must be a Secondary Student (Years 7 – 12) and live outside a **5km radius** of Gawler and District College B-12. For further clarification please contact the College [dl.0774.info@schools.sa.edu.au](mailto:dl.0774.info@schools.sa.edu.au)

### Student Personal Details

Student Full Name \_\_\_\_\_

Student ID No \_\_\_\_\_ Year Level \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Parent or Legal Guardian Details

Parent or Legal Guardian Full Name \_\_\_\_\_

Relationship to student \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email address \_\_\_\_\_

### Residential Address Details

(IMPORTANT: Please record the address that the student lives the majority of school week, as per their enrolment)

Residential Address \_\_\_\_\_

### Health

(IMPORTANT: Please ensure the College has a current Health Care and/or Medication Management Plan)

Does your child have a diagnosed medical condition? **YES / NO**                      **If yes, are they self-managed? YES / NO**

Details of medical condition/s \_\_\_\_\_

**By signing this form I am aware my child is in the duty of care of Gawler & District College B-12 once on the bus and they are not permitted to leave the school grounds on arriving at school.**

### I have authority as Parent / Legal Guardian to provide this information:

Parent / Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Staff Use Only:**  EDSAS  Central Manifest  Daymap Group  Service Notification  DfE Notification

Eligible  Ineligible      Date \_\_\_\_\_ Sign \_\_\_\_\_

