

Bus service : requirements and details

Please indicate the bus service you require (*please tick appropriate boxes*)

Full Time (*this includes every morning and every afternoon*)

Part Time :

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address Pick—Up Point

_____ *Postcode* _____ *Melway Ref.*

Address Drop-Off Point

_____ *Postcode* _____ *Melway Ref.*

Important : Please note

- The school will notify you regarding the *actual* Pick-Up Point and relevant times.
- It should **NOT** be presumed that:
 - Your application will automatically be granted
 - Your child/ren will be picked up from your home address or the address you have applied for.

I / We the undersigned have applied for my child/ren to utilise the School Bus Service.

I / We confirm that I / we have read the School Bus Policy Terms and Conditions.

By signing below, I / we undertake and agree to accept and be bound by these terms and conditions.

Parent / Guardian Signature _____ *Date* ____ / ____ / ____

Parent / Guardian Signature _____ *Date* ____ / ____ / ____

Bus Company _____ *Bus Number* _____

Address of Pick-Up Point _____

_____ *Approximate Time* _____ *AM*

Address of Drop-Off Point _____

_____ *Approximate Time* _____ *PM*

Bus company contacted

Parent / Guardian contacted

Office use only

*this section is only completed
after approval is granted*



Alphington
GRAMMAR SCHOOL

bus service

application form

Student details

Surname _____

 Given Names _____ Year Level _____

Surname _____

 Given Names _____ Year Level _____

Surname _____

 Given Names _____ Year Level _____

Address _____

 Postcode _____

Parent / guardian details

Father's Surname _____

 Given Names _____

Telephone: Work _____ Home _____

Mother's Surname _____

 Given Names _____

Telephone: Work _____ Home _____ _____

Address (only if different from student) Please indicate Guardian's Father's Mother's
 Address _____

Old Heidelberg Road
 Alphington Vic 3078
 Telephone (03) 9497 4777
 Facsimile (03) 9497 3479
 Email ags@alphington.vic.edu.