

Parent / Guardian 1

Relationship to child: _____

Title: Miss / Ms / Mrs / Mr / Pr / Dr / Other _____

Family name: _____

Given name/s: _____

Home phone: _____

Work phone: _____

Mobile: _____

Email: _____

Address: _____

Parent / Guardian 2

Relationship to child: _____

Title: Miss / Ms / Mrs / Mr / Pr / Dr / Other _____

Family name: _____

Given name/s: _____

Home phone: _____

Work phone: _____

Mobile: _____

Email: _____

Address (if required): _____

Nearest arterial road/street to Parent / Guardian 1 home: _____

Nearest main through road/street to Parent / Guardian 1 home: _____

Nearest arterial road/street to Parent / Guardian 2 home (if required): _____

Nearest main through road/street to Parent / Guardian 2 home (if required): _____

| Student name | Year | School i.e. Carmel Primary Carmel Secondary Landsdale Victoria Park | Every day round trip | | Monday | Tuesday | Wednesday | Thursday | Friday | OFFICE USE ONLY | |
|--------------|------|---|----------------------|----|--------|---------|-----------|----------|--------|-----------------|--|
| | | | | | | | | | | | |
| | | | | AM | | | | | | Street | |
| | | | | PM | | | | | | Road | |
| | | | | AM | | | | | | Junct. | |
| | | | | PM | | | | | | Opp. | |
| | | | | AM | | | | | | Bus stop | |
| | | | | PM | | | | | | Time | |
| | | | | AM | | | | | | | |
| | | | | PM | | | | | | AM | |
| | | | | | | | | | | PM | |

Please be aware that:

- This form must accompany the Enrolment Application Form. Failure to return this form will result in your child/children NOT being included in the planning for the most suitable pick-up point.
- Times and stops are subject to change.
- Your child's stop may be up to 5kms from your residence.
- Bus route changes need to be requested by BEFORE the start of each term.
- See bus fees in the Fee Schedule, available in the Enrolment Pack or from the front office.

Please sign the
Student and
Parent / Guardian
Agreement on the
reverse of this page

STUDENT AGREEMENT

☐ I will obey all the Conditions for Bus Travel.

Student's signature: _____ Date: _____

PARENT / GUARDIAN AGREEMENT

☐ I/we confirm that I/we have discussed the Conditions for Bus Travel with my child/children.

☐ I/we authorise my contact details to be disclosed to the bus company, Buswest.

Parent / Guardian 1

Parent / Guardian 1

Signature: _____

Signature: _____

Date: _____

Date: _____



CARMEL
ADVENTIST COLLEGE



CARMEL
ADVENTIST COLLEGE

CONDITIONS FOR BUS TRAVEL

Passengers must obey these rules for bus travel

- PLEASE Follow the instructions of your Bus Driver.
- PLEASE Do not damage the bus interior or exterior, including seats.
(Passengers will be financially responsible for any damage.)
- PLEASE Remain in your seat while the bus is moving.
- PLEASE Do not lean against the doors or out of the windows.
- PLEASE Respect the rights of your driver, other passengers and the public outside the vehicle.
This includes verbal and physical teasing and play fighting.
- PLEASE Stand away from the bus after getting off and please do not cross the road until it is clear.
- PLEASE Do not eat on the bus. This includes bubble gum and chewing gum, lollipops, lollies, chips, fruit, cooking class food or anything sticky.
- PLEASE Only drink water. No other drinks are allowed.
- PLEASE Do not throw anything out of the windows or around the inside of the bus at any time.

Please keep this
page for your
records