



PARENT SCHOOL BUS TRAVEL APPLICATION

This is a short-term service for parents or guardians of primary school aged students wishing to accompany a child on a school bus run only.

A minimum of 10 working days notice must be given for all applications.

First name: _____ Last name: _____

Street address: _____

Suburb: _____ Postcode: _____

Contact phone number: _____

Original application: Extension application:

School: _____

School route number: _____ AM PM

Bus stop address for pickup or drop-off (e.g. Kingsford Smith Drive outside Spence shops) :

Date required (maximum period of one month) From: _____ To: _____

Reason for school bus travel application: _____

Conditions of travel:

Parents travelling on this service are required to pay normal bus fares.

This application does not guarantee approval to travel, decisions are made based on passenger capacity of the relevant service.

Under special circumstances, such as a child with a disability, or other extenuating circumstances, parents can apply for an extension beyond the maximum travel period stated above.

Signature: _____ Date: _____

Signature acknowledges condition of travel.

Return to:

ACTION Corporate Office

GPO Box 158, Canberra, ACT, 2601

Fax: 026207 8056 Email: action@act.gov.au

OFFICE USE ONLY

Approved by: _____

Date: _____