

# Application & Agreement to Travel on Bus – School Students

This form is for school students requiring regular bus travel. For ad-hoc travellers, please use the appropriate form.

| Submit completed and signed form to St Brigid's College   |   |                               |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
|---|---|-------------------------------|---------------|-------------------------------|---------|--------|-----------------|-----------|-----------------|------------|----------|---------|---------------------|--------|----|
| Travel requested in:  |   | :                             | Term(s):      |                               | Year:   |        |                 |           |                 |            |          |         |                     |        |    |
|   |   |                               |               |                               |         | PARE   | NT/CA           | RER DE    | TAIL:           | S          |          |         |                     |        |    |
| First Name:   |   |                               |               |                               |         | Surr   | name:           |           |                 |            |          | Tele    | ohone:              |        |    |
| Email:  |   |                               |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
|   | RESIDENTIAL ADDRESS   |                               |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
| Street Addre  | ss:   |                               |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
| Town/Suburl   | o:  | State: Postcode:              |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
| Exact distance  | e (in kn  | n) by tl                      | he shortest   | e shortest practicable route: |         |        | Hon             | ne to sch | to school: km F |            |          | Но      | ome to bus stop: km |        |    |
| POSTAL ADDRESS  |   |                               |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
| ☐ Same as above   |   |                               |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
| Postal Addre  | ddress:   |                               |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
| Town/Suburl   | o:  |                               |               |                               |         |        |                 |           |                 | State:     |          |         | Po                  | stcode | 9: |
| Additional emergency contact if parent/carer is unavailable:  |   |                               |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
| Name:   |   |                               |               |                               |         |        | Relati          | onship:   |                 |            |          | Teleph  | none:               |        |    |
| STUDENT TRAVELLER ONE   |   |                               |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
| First Name:   |   |                               |               |                               |         | Surr   | name:           |           |                 |            |          |         | Date of             | birth: |    |
| Travel start o  | late:   | Year level at time of travel: |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
| Does the stu  | Does the student have a medical condition or other relevant medical assessment? If yes, please provide details: |                               |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
|   |   |                               |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
| Which days d  | o you ir  | ntend to                      | o use this se | rvice? (c                     | heck th | e appl | icable bo       | ox/s):    |                 |            |          |         |                     |        |    |
| MON   |   | TUE                           |               |                               | W       | ED     | [               |           | Т               | THU        |          |         | FRI                 |        |    |
|   |   |                               |               |                               | S       | TUDE   | NT TR           | AVELLE    | R TW            | 0          |          |         |                     |        |    |
| First Name:   |   |                               |               |                               |         | Surr   | name: Date of b |           |                 |            |          | birth:  |                     |        |    |
| Travel start o  | Travel start date:  Year level at time of travel:   |                               |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
| Does the stu  | dent ha   | ve a m                        | edical cond   |                               |         | elevai | nt medi         | cal asses | smer            | nt? If ves | . please | provide | e details:          |        |    |
| Does the student have a medical condition or other relevant medical assessment? If yes, please provide details: |   |                               |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
| Which days do you intend to use this service? (check the applicable box/s):                                     |   |                               |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
| MON   |   |                               | TUE           | [                             |         | V      | /ED             |           |                 | THU        | J        |         |                     | FRI    |    |
|   |   |                               |               |                               | S       | TUDE   | NT TRA          | VELLER    | THR             | REE        |          |         |                     |        |    |
| First Name: Surname: Date of birth:   |   |                               |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
| Travel start date:  Year level at time of travel:   |   |                               |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
| Does the student have a medical condition or other relevant medical assessment? If yes, please provide details: |   |                               |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
|   |   |                               |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
| Which days do you intend to use this service? (check the applicable box/s)                                      |   |                               |               |                               |         |        |                 |           |                 |            |          |         |                     |        |    |
| MON   |   |                               | TUE           |                               |         |        | /ED             |           |                 | THU        | J        |         |                     | FRI    |    |

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## **Conditions of Travel**

To ensure the safety of all passengers on school buses, the following conditions apply at all times.

### To ensure safe travel on school buses, students must agree to the following:

- Ensure you are standing off the road at all times when waiting for the bus and strictly no playing on the road at the bus stop
- Ensure the bus has stopped completely before trying to get on the bus
- Make sure you and your belongings are inside the bus at all times.
- Not throw anything from a bus window or have anything hanging out a window.
- Place bags and other belongings in the allocated storage areas.
- Get on and off the bus quietly and in an orderly manner.
- Stay in your seat while the bus is moving.
- Not distract drivers with screaming, shouting or unruly behaviour.
- When you get off the bus only cross the road when the bus has left and it is safe to do so.
- No dangerous or flammable goods are allowed on the bus, for example aerosol cans.
- Wear a seat belt at all times (where fitted) except for getting on and off the bus.
- Obey all instructions issued to you by the Bus driver and sit in an allocated seat if instructed.

#### To ensure students are considerate to one another and their bus driver, they must agree to:

- In the morning, arrive at the bus stop 10 minutes prior to departure.
- Not eat, drink, vape or smoke while on the school bus. Drinking water from a water bottle is accepted.
- Use a standard conversational tone and not use offensive language or call out to others on board or to passing traffic or people.
- Listen to the bus driver. They are responsible for maintaining school bus safety and also have the authority to report any vandalism or misbehaviour, including but not limited to bullying, teasing, or aggression.
- Leave your bike or vehicle in a safe and secure place if riding or driving to the bus stop. Department of Transport and Planning and St Brigid's College are unable to accept responsibility for the safety of your bike or vehicle.
- Behave appropriately and respectfully on a school bus at all times as behaving inappropriately places the safety and wellbeing of all on board at risk.

#### Non-compliance with any of the above conditions may result in the following:

- The driver will stop the bus.
- The student's name and full details of the breach will be recorded.
- The student will be transported to school or to their normal drop off.
- The breach will be reported to the principal.
- The principal will take necessary action as guided below.
- In rare and exceptional circumstances where there is an immediate threat to student safety or the safe operation of the bus, and only as a last resort, drivers are authorised to eject passengers from a bus.

## Following the report of a relevant incident, the principal may take the action below:

- First incident verbal warning to student.
- Second incident written warning to parent/carer
- Third incident one week suspension of student from school bus travel.
- Fourth incident the student will not be allowed to travel on the school bus for the remainder of the term, year or an appropriate period determined by the principal.
- Any of the above steps can be skipped or escalated to the next with immediate effect, subject to the severity of the non-compliance.

A serious incident that endangers other students, staff or property may result in immediate suspension for a period determined by the principal.

## Responsibilities of parents/carer if student is under 18 years of age:

- Parents/carers are responsible for transporting their children to and from authorised bus stops and their safety at the bus stop while waiting for the bus.
- Supervision is not provided at roadside stops. Parents/carers are responsible for their children upon disembarking the afternoon service.
- Parents/carers waiting for bus passengers at a roadside bus stop should wait on the same side of the road as the bus to prevent accidents.

School bus travel is a privilege and not a right and consequences will follow a breach of these conditions. It is understood that bus travel is provided and accepted on these conditions.

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#### **PARENT/CARER TO COMPLETE:**

I certify that:

- 1. All the above details are true and correct.
- 2. I will notify the principal in-advance and in writing, of any change of address.
- 3. I agree to pay the costs of repairs or damage to the bus, or its replacement if totally destroyed, caused by the vandalism or deliberate act of my child(ren), or by the student(s) under my/our care.
- 4. I acknowledge that bus drivers are not medically trained and are not expected to perform any medical intervention. In the event of a medical emergency, the driver will call emergency services.
- 5. In the event of an incident, I consent to release the information in this form to Public Transport Victoria (PTV), the Police or to other emergency services, as required and appropriate in the circumstances.
- 6. I will notify the principal in writing and in-advance, should my child(ren) no longer require transport assistance.

I agree to abide by the above Conditions of Travel, and I understand that if I or my child(ren) do not comply with the Conditions of Travel, it may result in my child(ren) not being permitted to travel on the school bus service.

I accept the authority of the principal with regard to all matters, including student discipline on the school bus service.

I understand this Bus service is generously provided by St Brigid's College as a means to support travel arrangements for it's student families, but I also understand that this Bus service is not guaranteed and can be withdrawn at any time, upon written notice from the school.

I understand and request that the conveyance allowance to which I/we are entitled under Victoria's conveyance allowance program, and paid to St Brigid's College, will be applied in full, toward the travel costs of this bus service.

I understand this Bus service is subject to many variables, including mechanical breakdown, and may on occasion, not arrive at its scheduled time or destination. I acknowledge and understand that I will need to make alternate travel arrangements (without notice) should the Bus not arrive as scheduled, and I will not hold St Brigid's College liable for any costs incurred.

If my/our application for a seat on the Bus service results in the approved passenger number exceeding the legal carrying capacity of the Bus, I/we acknowledge and understand that my child(ren)'s permission to travel on the school bus service is subject to the following terms and conditions:

- 1. My child(ren) will join a waiting list where first-on first-off rules will apply to the waiting list.
- 2. My child(ren) may only travel where seating is available on the service after all students with prior rights have been accommodated.
- 3. I will make alternative arrangements if seating becomes insufficient after students with prior rights to travel are accommodated.
- 4. My child(ren)'s transfer off the waiting list to access the bus service, will be subject to review at the end of each term.
- 5. My child(ren) may not form a case or part of a case for the retention, extension or addition of services, or a route or timetable alteration, or the provision of a larger transport vehicle.

I acknowledge the decision about whether my child(ren) can travel on the school bus service is at the discretion of the principal and may be reviewed at any time in accordance with these terms and conditions, and other school Policies.

| Parent/carer name:      |  |
|-------------------------|--|
| Parent/carer signature: |  |
| Date:                   |  |

# **STUDENT (s) TO COMPLETE:**

I agree to abide by the above Conditions of Travel, and I accept the authority of the principal with regard to all matters including student discipline on the school bus service.

| student discipline on the school bus service. |             |             |               |  |  |  |  |  |
|---|-------------|-------------|---------------|--|--|--|--|--|
|   | Student one | Student two | Student three |  |  |  |  |  |
| Student name:                                 |             |             |               |  |  |  |  |  |
| Student signature:                            |             |             |               |  |  |  |  |  |
| Date:   |             |             |               |  |  |  |  |  |

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| OFFICE USE ONLY   |                                       |          |                              |                           |       |            |  |  |  |  |
|---|---------------------------------------|----------|------------------------------|---------------------------|-------|------------|--|--|--|--|
| Date Form Received:   | te Form Received: Received By (name): |          |                              |                           |       |            |  |  |  |  |
| Date Form Assessed:   |                                       |          | Form signed? Return to       |                           |       |            |  |  |  |  |
| Check completed of existing passenge  |                                       |          | r numbers on selected Bus ro | oute. Does a vacancy ex   | kist? | ☐ Yes ☐ No |  |  |  |  |
| ☐ Application Approved  |                                       |          | ☐ Application Declin         | ned                       | Wait  | ☐ Yes ☐ No |  |  |  |  |
| Have any of these students been granted eligibility based on an exemption? If yes, specify exemption from   |                                       |          |                              |                           |       |            |  |  |  |  |
| Student one:  |                                       |          |                              |                           |       |            |  |  |  |  |
| Student two:  |                                       |          |                              |                           |       |            |  |  |  |  |
| Student three:  |                                       |          |                              |                           |       |            |  |  |  |  |
| Do any students have special requirements for travel?   |                                       |          |                              |                           |       |            |  |  |  |  |
| Student one:  |                                       |          |                              |                           |       |            |  |  |  |  |
| Student two:  |                                       |          |                              |                           |       |            |  |  |  |  |
| Student three:  |                                       |          |                              |                           |       |            |  |  |  |  |
|   |                                       |          |                              |                           |       |            |  |  |  |  |
|   |                                       |          | Has Parent been notified in  | n writing of travel statu | s?    | Date:      |  |  |  |  |
|   | BUS SERVICE DETAILS                   |          |                              |                           |       |            |  |  |  |  |
| AM Bus Service (s)  |                                       |          |                              |                           |       |            |  |  |  |  |
| Bus route allocated:  | Bus route allocated:                  |          |                              | Bus Driver:               |       |            |  |  |  |  |
| Pick-up bus stop locati   | on:                                   |          |                              | Pick up time:             |       |            |  |  |  |  |
| Drop off bus stop location:   |                                       |          |                              |                           |       |            |  |  |  |  |
| Seat number allocated:  |                                       |          |                              |                           |       |            |  |  |  |  |
| Comments:   |                                       |          |                              |                           |       |            |  |  |  |  |
| PM Bus Service (s)  |                                       |          |                              |                           |       |            |  |  |  |  |
| Bus route allocated:  |                                       |          |                              | Bus operator:             |       |            |  |  |  |  |
| Pick-up bus stop location:  |                                       |          |                              |                           |       |            |  |  |  |  |
| Drop off bus stop location:   |                                       |          |                              | Drop off time:            |       |            |  |  |  |  |
| Seat number allocated:  |                                       |          |                              | ☐ Yes ☐ No                |       |            |  |  |  |  |
| Comments:   |                                       |          |                              |                           |       |            |  |  |  |  |
|   |                                       |          |                              |                           |       |            |  |  |  |  |
| <ul> <li>IMPORTANT:</li> <li>When advising Parents/carers of the application outcome, it is important to communicate the full conditions of Travel and pick-up and drop-off times.</li> </ul> |                                       |          |                              |                           |       |            |  |  |  |  |
| School Bus Coordinate   | or:                                   |          |                              |                           |       |            |  |  |  |  |
| School Signature – Pri  | ncipal /                              | Delegate | e signature:                 |                           |       |            |  |  |  |  |
| Date:   |                                       |          |                              |                           |       |            |  |  |  |  |

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