



AD HOC TRANSPORT REQUEST FORM

This form is to be completed where there is a request for a non-approved student to access the service or to vary the travel arrangement for an approved student on a **one-off basis**. Where there is a regular request to access the service or a change in the journey, approvals are to be submitted to School Bus Services by the parent/guardian.

This form will be retained by the school bus contractor and is also part of the contractor's work health, safety and environment management system.

1.	Type o	of Reques	st						
	Non-Approved Student				Approved Student (Change of Travel Plan)				
2. Student Details									
Stu	ident Nar	ne							
Date of Birth						Date Trave	l Requested	d	
School							Year Leve	el	
Service Name									
Pick-up / Drop-off Location									
Reason for Request									
3. Parent / Carer Details									
	I hereby give my permission for my child to travel on the school bus as a complimentary passenger on the service specified above.								
	I hereby give my permission for my child, who is approved to travel on the service, to be								
15.11	transported on this occasion as detailed above.								
If this application is for a non-approved student, please list any medical information/conditions that may be relevant to providing a safe journey:									
 I acknowledge that: My child will abide by the instructions displayed on the Welcome Aboard information displayed on the bus My child is to follow all instructions of bus staff whilst using the service 									
Parent/Guardian Name									
Add	dress								
Но	me Tel:			Work Tel:			Mobile		
Name				Signature Date		Date			
4. School Bus Service (Contractor/Driver)									
	I have approved the person stated on this form to travel on the school bus on the specified date. I accept and have mitigated all associated risks with transporting the person listed on this form.								

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Signature

Date

Name