



# STUDENT SCHOOL BUS REQUEST FORM

**PARENTS / CARERS / GUARDIANS PLEASE NOTE: IF YOU HAVE A CHILD THAT IS CURRENTLY ASSIGNED TO A SCHOOL BUS SERVICE YOU DO NOT NEED TO COMPLETE THIS FORM – AT THE END OF THE SCHOOL YEAR, STUDENTS ON A BUS, ARE AUTOMATICALLY ROLLED OVER INTO THE NEW SCHOOL YEAR, THE STUDENT REMAINS ON THEIR ASSIGNED BUS SERVICE. HOWEVER, SHOULD A STUDENT'S ADDRESS CHANGE PARENTS / CARERS / GUARDIANS WILL NEED TO COMPLETE THIS FORM.**

DATE OF REQUEST:
PREFERRED SCHOOL BUS COMMENCEMENT / START DATE:
STUDENT NAME:
STUDENT ADDRESS:
CAMPUS [GILLIES STREET / FARM]:
CLASSROOM TEACHER:
CLASSROOM NUMBER:
<u>DETAILS OF BUS REQUEST</u>
<b>NOTES FOR PARENTS / GUARDIANS</b>
<ul style="list-style-type: none"> <li>➤ IN THE EVENT THE SCHOOL BUS DOES NOT HAVE AN AVAILABLE BUS SEAT FOR STUDENT, THE STUDENT WILL BE PLACED ON A SCHOOL BUS WAITING LIST – PARENT / GUARDIAN WILL BE ADVISED WHEN A BUS SEAT BECOMES AVAILABLE</li> <li>➤ PARENT / GUARDIAN MUST COMPLY WITH DEPARTMENT OF EDUCATION &amp; TRAINING STUDENTS WITH DISABILITIES TRANSPORT PROGRAM CONDITIONS OF SCHOOL BUS TRAVEL [PLEASE REFER TO LAST PAGE OF THIS FORM]</li> <li>➤ PARENT / GUARDIAN ARE TO ALLOW 10 MINUTES EITHER SIDE OF THEIR CHILD'S BUS STOP TIMES TO ALLOW FOR UNEXPECTED BUS CHANGES</li> <li>➤ A PARENT / GUARDIAN MUST BE PRESENT WITH THEIR CHILD AT THEIR CHILD'S BUS STOP LOCATION BOTH MORNINGS AND AFTERNOONS [ONLY EXEMPTION TO THIS REQUIREMENT IS A COMPLETED &amp; SIGNED INDIVIDUAL STUDENT TRAVEL PLAN INDEPENDENT BUS STOP LOCATION EMBARKATION (ON) / DISEMBARKATION (OFF) AGREEMENT FORM]</li> <li>➤ PARENT / GUARDIAN ARE TO NOTIFY BUS STAFF WHEN THEIR CHILD WILL NOT BE ON THE BUS IN THE MORNING</li> </ul>
PARENT 1 / GUARDIAN 1 NAME:
PARENT 1 / GUARDIAN 1 CONTACT PHONE NUMBER:
PARENT 2 / GUARDIAN 2 NAME:
PARENT 2 / GUARDIAN 2 CONTACT PHONE NUMBER:

<b>EMERGENCY CONTACT DETAILS:</b>			
FIRST CONTACT NAME:		PHONE:	
RELATIONSHIP:		EMAIL:	
SECOND CONTACT NAME:		PHONE:	
RELATIONSHIP:		EMAIL:	

THIRD CONTACT NAME:		PHONE:	
RELATIONSHIP:		EMAIL:	

**PLEASE LIST BELOW ANY OTHER PEOPLE AUTHORISED TO COLLECT YOUR CHILD FROM THEIR BUS STOP LOCATION [PERSON LISTED MUST BE OVER THE AGE OF 18 YEARS]**

NAME:		PHONE:		RELATIONSHIP:	
NAME:		PHONE:		RELATIONSHIP:	
NAME:		PHONE:		RELATIONSHIP:	
NAME:		PHONE:		RELATIONSHIP:	
NAME:		PHONE:		RELATIONSHIP:	
NAME:		PHONE:		RELATIONSHIP:	

**A STUDENT MAY ONLY WALK INDEPENDENTLY TO AND FROM THEIR ASSIGNED BUS STOP LOCATION BY WRITTEN AGREEMENT BETWEEN THE SCHOOL AND THE PARENT / GUARDIAN. THIS WRITTEN AGREEMENT CAN ONLY BE MADE WHEN THE SCHOOL AND THE PARENT / GUARDIAN HAVE DETERMINED AND AGREED THAT THE STUDENT IS SUFFICIENTLY CAPABLE OF INDEPENDENTLY WALKING TO AND FROM THEIR ASSIGNED BUS STOP LOCATION.**

**DOES PARENT / GUARDIAN DETERMINE THAT THEIR CHILD IS SUFFICIENTLY CAPABLE OF INDEPENDENTLY WALKING TO AND FROM THEIR ASSIGNED BUS STOP LOCATION?**

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
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**IF ANSWER YES TO THE ABOVE, THE SCHOOL WILL UNDERTAKE AN ASSESSMENT TO DETERMINE WHETHER OR NOT THE STUDENT IS SUFFICIENTLY CAPABLE OF INDEPENDENTLY WALKING TO AND FROM THEIR ASSIGNED BUS STOP LOCATION. IF IT IS DETERMINED THAT THE STUDENT IS SUFFICIENTLY CAPABLE OF INDEPENDENTLY WALKING TO AND FROM THEIR ASSIGNED BUS STOP LOCATION THEN THE FORM, APPENDIX A SDTP INDIVIDUAL STUDENT TRAVEL PLAN INDEPENDENT BUS STOP LOCATION EMBARKATION (ON) AND / OR DISEMBARKATION (OFF) MUST BE COMPLETED.**

**APPENDIX A IS IN ADDITION TO THE SDTP INDIVIDUAL STUDENT TRAVEL PLAN WHICH IS CREATED TO ENSURE THE STUDENT FOLLOWS THE TRANSPORT SAFETY REQUIREMENTS AS OUTLINED IN THE DET STUDENTS WITH DISABILITIES TRANSPORT PROGRAM (SDTP) POLICY AND PROCEDURES. THE SDTP INDIVIDUAL STUDENT TRAVEL PLAN IS DEVELOPED IN CONSULTATION WITH THEIR PARENTS / GUARDIANS.**

**BUS EQUIPMENT REQUIREMENTS (IF APPLICABLE)**

**PLEASE NOTE: PARENTS / GUARDIANS ARE REQUIRED TO SUPPLY BUS SERVICE WITH ANY SPECIALISED BUS TRAVEL EQUIPMENT (AS LISTED BELOW).**

<b>WHEELCHAIR</b>	<input type="checkbox"/>	<b>CAR SEAT [ANCHOR POINT]</b>	<input type="checkbox"/>	<b>CAR SEAT [EYE-BOLT ANCHOR POINT]</b>	<input type="checkbox"/>		
<b>SEAT BELT BUCKLE GUARD</b>	<input type="checkbox"/>	<b>BOOSTER SEAT INFASURE VERSATILE FOLDING</b>	<input type="checkbox"/>	<b>SEAT BELT POSITIONING VEST</b>	<input type="checkbox"/>		
<b>HARNESS [ANCHOR POINT - WEIGHT &lt; 36 KGS]</b>	<input type="checkbox"/>	<b>HARNESS [EYE-BOLT ANCHOR POINT - WEIGHT ≥ 36 KGS]</b>	<input type="checkbox"/>	<b>HARNESS [MAGNETIC]</b>	<input type="checkbox"/>		
<b>HEMCO HARNESS</b>	<input type="checkbox"/>	<b>SMALL</b>	<input type="checkbox"/>	<b>MEDIUM</b>	<input type="checkbox"/>	<b>LARGE</b>	<input type="checkbox"/>

**DAYS REQUIRED FOR BUS TRAVEL IN THE MORNINGS – PLEASE PLACE A TICK IN BOX**

<b>MON</b>	<input type="checkbox"/>	<b>TUE</b>	<input type="checkbox"/>	<b>WED</b>	<input type="checkbox"/>	<b>THU</b>	<input type="checkbox"/>	<b>FRI</b>	<input type="checkbox"/>
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**DAYS REQUIRED FOR BUS TRAVEL IN THE AFTERNOONS – PLEASE PLACE A TICK IN BOX**

<b>MON</b>	<input type="checkbox"/>	<b>TUE</b>	<input type="checkbox"/>	<b>WED</b>	<input type="checkbox"/>	<b>THU</b>	<input type="checkbox"/>	<b>FRI</b>	<input type="checkbox"/>
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**OTHER EQUIPMENT CONSIDERATIONS (IF APPLICABLE)**

PLEASE NOTE: PARENTS / GUARDIANS ARE REQUIRED TO SUPPLY BUS SERVICE WITH ANY SPECIALISED BUS TRAVEL EQUIPMENT.

**BEHAVIOURAL / TRAVEL STRATEGIES****MEDICAL CONDITIONS (IF APPLICABLE)**

<b>ASTHMA</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF ANSWER YES, DO YOU HAVE A CURRENT ASTHMA PLAN?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DOES OUR SCHOOL HAVE A COPY OF THE ASTHMA PLAN?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
HAVE YOU PROVIDED A VENTOLIN [IN-DATE] & SPACER <b>PARENT MUST SUPPLY THIS ITEM</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

<b>ANAPHYLAXIS</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF ANSWER YES, DO YOU HAVE A CURRENT ANAPHYLAXIS PLAN?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DOES OUR SCHOOL HAVE A COPY OF THE ANAPHYLAXIS PLAN?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
HAVE YOU PROVIDED AN EPIPEN [IN-DATE]	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

**PARENT MUST SUPPLY THIS ITEM**

<b>EPILEPSY</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF ANSWER YES, DO YOU HAVE A CURRENT EPILEPSY PLAN?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DOES OUR SCHOOL HAVE A COPY OF THE EPILEPSY PLAN?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

<b>MIDAZOLAM</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF ANSWER YES, DO YOU HAVE A CURRENT MIDAZOLAM PLAN?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DOES OUR SCHOOL HAVE A COPY OF THE MIDAZOLAM PLAN?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

<b>DIABETES</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF ANSWER YES, DO YOU HAVE A CURRENT DIABETES PLAN?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DOES OUR SCHOOL HAVE A COPY OF THE DIABETES PLAN?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DO YOU HAVE A CURRENT DIABETES MEDICATION PLAN?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DOES OUR SCHOOL HAVE A COPY OF THE DIABETES MEDICATION PLAN?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

<b>COMPLEX HEALTH NEEDS</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF ANSWER YES, DO YOU HAVE A COMPLEX HEALTH NEEDS PLAN?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DOES OUR SCHOOL HAVE A COPY OF THE COMPLEX HEALTH NEEDS PLAN?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

<b>STUDENT HEALTH SUPPORT PLAN [COMPLEX MEDICAL CONDITION(S)]</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DOES OUR SCHOOL HAVE A COPY OF THE STUDENT HEALTH SUPPORT PLAN & SUPPORTING DOCUMENTATION?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

<b>VENTING</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF ANSWER YES, DO YOU HAVE A VENTING PLAN?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DOES OUR SCHOOL HAVE A COPY OF THE VENTING PLAN?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

<b>PEG</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF ANSWER YES, DO YOU HAVE A PEG?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DOES OUR SCHOOL HAVE A COPY OF THE PEG PLAN?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

## OTHER MEDICAL INFORMATION / PLANS

### **PARENT / GUARDIAN PLEASE NOTE:**

UPON RECEIPT OF THIS REQUEST PARENTS / GUARDIANS ARE TO ALLOW AT LEAST 5 WORKING DAYS, DURING THE SCHOOL YEAR, FOR A SCHOOL RESPONSE TO THEIR REQUEST [RESPONSE WILL BE VIA TEXT MESSAGE]. SCHOOL BUS REQUESTS RECEIVED DURING THE LAST 2 WEEKS OF A SCHOOL TERM WILL NOT BE PROCESSED UNTIL THE START ON THE NEXT SCHOOL TERM. SCHOOL BUS REQUESTS RECEIVED FROM THE START OF NOVEMBER WILL NOT BE PROCESSED UNTIL THE START OF THE NEW SCHOOL YEAR [PARENTS ARE TO ALLOW AT LEAST 10 WORKING DAYS AT THE START OF THE SCHOOL YEAR - RESPONSE WILL BE VIA TEXT MESSAGE]. THE START AND END OF EACH TERM AND THE START AND END OF THE SCHOOL YEAR ARE EXTREMELY BUSY SCHOOL PERIODS.

### **PLEASE RETURN COMPLETED FORM TO:**

BALLARAT SPECIALIST SCHOOL  
ATTENTION: STUDENT TRANSPORT MANAGER  
25 GILLIES STREET NORTH, LAKE GARDENS, 3355

**OFFICE USE ONLY**

DATE FORM RECEIVED		
FORM SIGNED BY PARENT / GUARDIAN? YES / NO		
IF NO, RETURN FORM TO PARENT / GUARDIAN FOR SIGNATURE		
ELIGIBLE FOR SCHOOL BUS TRAVEL? YES / NO FOR EXAMPLE: <ul style="list-style-type: none"> <li>• MINIMUM DISTANCE FROM HOME ADDRESS TO SCHOOL ADDRESS MUST BE ≥ 4.8 KILOMETRES</li> <li>• DOES THE STUDENT HAVE THE CAPACITY TO LEARN TO TRAVEL INDEPENDENTLY? IF SO, THE STUDENT SHOULD HAVE TRAVEL EDUCATION INCLUDED AS PART OF THEIR LEARNING PLAN AND HAVE THE GOAL OF BEING ABLE TO TRAVEL INDEPENDENTLY TO AND FROM SCHOOL.</li> <li>• IS IT POSSIBLE FOR RURAL AND REGIONAL STUDENTS TO TRAVEL ON EXISTING PUBLIC TRANSPORT OR SCHOOL BUS PROGRAM SERVICES?</li> </ul>		
ELIGIBLE FOR CONVEYANCE ALLOWANCE? (YES / NO)		
DATE SCHOOL BUS ELIGIBILITY ASSESSMENT COMPLETED		
BUS COMPANY SERVICE OPERATION		
BUS SERVICE ROUTE		
BUS SERVICE CONTACT NUMBER		
BUS SEAT AVAILABILITY (YES / NO) [IN THE EVENT THE SCHOOL BUS DOES NOT HAVE AN AVAILABLE BUS SEAT FOR STUDENT, THE STUDENT WILL BE PLACED ON A WAITING LIST]	BUS COMPANY NAME:	
	NAME OF BUS SERVICE:	
	DATE ADDED TO BUS WAITING LIST:	
<b>STUDENT BUS STOP LOCATION DETAILS</b>		
<b>MONDAY TO FRIDAY</b>		
BUS STOP LOCATION <b>MORNING</b>		
BUS STOP TIME <b>MORNING</b>		
<b>MONDAY TO FRIDAY</b>		
BUS STOP LOCATION <b>AFTERNOON</b>		
BUS STOP TIME <b>AFTERNOON</b>		
DISTANCE FROM HOME ADDRESS TO BUS STOP LOCATION	_____ KILOMETRES – _____ MINUTE WALK [ _____ MINUTE DRIVE] [INSERT COPY OF GOOGLE MAP ROUTE TO THE END OF THIS FORM]	
HAS A BUS COMPANY STUDENT SCHOOL BUS FORM BEEN COMPLETED? YES / NO	DATE FROM RECEIVED:	
HAS A STUDENT TRAVEL PLAN BEEN COMPLETED? YES / NO	DATE FROM RECEIVED:	
IS AN APPENDIX A SDTP INDIVIDUAL STUDENT TRAVEL PLAN INDEPENDENT BUS STOP LOCATION EMBARKATION (ON) AND / OR DISEMBARKATION (OFF) FORM REQUIRED TO BE COMPLETED? YES / NO	DATE FROM RECEIVED:	

**OFFICE USE ONLY**

<b>SCHOOL REGISTRAR NAME (PLEASE PRINT)</b>	
<b>SCHOOL REGISTRAR SIGNATURE</b>	
<b>DATE</b>	
<b>SCHOOL TRANSPORT MANAGER (PLEASE PRINT)</b>	
<b>SCHOOL TRANSPORT MANAGER SIGNATURE</b>	
<b>DATE</b>	

## **Department of Education & Training Students with Disabilities Transport Program Conditions of School Bus Travel**

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

### **STUDENTS MUST AGREE TO THE FOLLOWING:**

- Obey instructions from the driver, supervisor, school staff or principal;
- Be punctual at the pick-up and drop-off bus stop locations (morning and afternoon), allowing 10 minutes either side of these bus stop location times for unexpected bus changes;
- Wait at the bus stop location in an orderly fashion and do not approach the vehicle until it has stopped;
- Enter and leave the vehicle in an orderly manner;
- Not move around the vehicle in transit but remain seated at all times;
- Ensure they and any object in their possession remains in the vehicle and does not protrude out of windows or doors;
- Not behave aggressively or endanger other students, driver, supervisor, school staff or principal;
- Not engage in boisterous conduct, including the use of offensive language or any action that may cause distress to other students or distract the driver / supervisor;
- Converse quietly and not call out to passing traffic or fellow students;
- Store bags in accordance with advice from the supervisor;
- Only use their allocated vehicle - this will not be changed to meet sporting or social arrangements;
- Treat others with courtesy and consideration;
- Not throw any object within or from a vehicle;
- Not consume food or drink on / in a Students with Disabilities Transport Program (SDTP) transport service;
- Follow and abide by the school's code of conduct while travelling on a bus.

### **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 disciplinary measures in accordance with the SDTP policy;
- In rare and exceptional circumstances, and only as a last resort, drivers are authorized to eject passengers from a bus.

### **FOLLOWING THE REPORT OF A RELEVANT INCIDENT, THE PRINCIPAL MAY TAKE THE DISCIPLINARY ACTION BELOW:**

- FIRST OFFENCE – verbal warning to student and parent / guardian informed of incident (action taken by teacher).
- SECOND OFFENCE – written warning to parent / guardian (action taken by PLT Leader).
- THIRD OFFENCE – one day or two days suspension of student from school bus travel (action taken by Leading Teacher).
- FOURTH OFFENCE – one week suspension of student from school bus travel (action taken by AP).
- FIFTH OFFENCE – the student will not be allowed to travel on the school bus for the remainder of the year (action taken by AP / Principal).

A serious offence that endangers other students, transport service staff or property will result in immediate suspension.

### **RESPONSIBILITIES OF PARENTS / GUARDIANS:**

- Parents / guardians are responsible for transporting their children to and from authorized stops and their safety at the stop while waiting for a service;
- Parents / guardians must be present at their child's bus stop location both mornings and afternoons [only exemption to this requirement is a completed & signed individual student travel plan independent bus stop location embarkation (on) / disembarkation (off) agreement form].
- It is most important that parents waiting for students at stop wait on the same side of the road as the transport service to prevent accidents;
- Transport assistance is a privilege and not a right and consequences will follow a breach of these conditions;
- It is understood that transport assistance is provided and accepted on these conditions;
- Parent behavior should mirror student's conditions of travel.

All those involved in providing school transport should understand the specialised educational needs of the student being transported. The above points will help parents / guardians / carers to understand their roles and responsibilities to ensure that the daily journey to and from school is as smooth and efficient as possible.



Insert / Attach Google Map Route