



FORM FOR BUS TRAVELLER AUTHORISATION

KINDERGARTENS
WEST WIMMERA SHIRE COUNCIL

Families from **out of town** have the option to apply for their child to travel to or from Kaniva, Edenhope or Goroke Kindergarten on the school bus service.

In order for your child to use this service, families will need to meet school and bus service requirements.

I, _____

Consent to my child _____

Travelling to and/or from kindergarten on the school bus service on the _____ bus.

My child will be picked up (and dropped off if relevant) from the following bus stop/location:

My child will be picked up (and dropped off if relevant) at the approximate times:

Pick up time: _____ Drop off time: _____

My child will be travelling to and/or from Kindergarten on the following days:

Monday

Tuesday

Wednesday

Thursday

My child will be travelling **to** and **from** Kindergarten on the bus

My child will be travelling **to** Kindergarten on the bus only

My child will be travelling **from** Kindergarten on the bus only



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I have been made aware of the policies and procedures being followed at the kindergarten and the requirements of the school bus service and I agree to the following:

- To obtain permission from the Coordinating school to travel on the bus.
- To phone the kindergarten if my child will be absent or not using bus travel on a particular day.
- To send my child's medication with them every day they attend the service if my child is suffering from a medical condition requiring a medical management plan.
- If my child arrives at kindergarten without their medication I will receive a phone call immediately requesting collection of my child or to provide medication immediately if applicable.
- Communicate with the kindergarten via the kindergarten phone only.
- To notify the kindergarten if my child will no longer be travelling on the bus or changes buses.
- Give 24 hours notice to the nominated supervisor to make a change to bus travel unless it is an emergency situation. After 24 hours will be at the discretion of the nominated supervisor.
- I am responsible for providing appropriate supervision for my child while at the bus stop.
- I authorise the kindergarten staff to nominate a responsible person to supervise my child between the kindergarten bus stop and the kindergarten and sign my child in and /or out of the kindergarten program.
- I have read and understand the WWSC Bus Policy.

Parent/Guardian Name: _____ Signed: _____

Date: ___/___/___ Name of Kindergarten: _____

Please note: Permission to travel on the school bus to the Kindergarten is obtained from the Coordinating School. As per the 'Department of Education and Training School Bus Program Policy and Procedures' that coordinating schools and bus drivers must follow, children must be a minimum of 4 years of age to travel by bus.

FOR NOMINATED SUPERVISOR USE ONLY

The above mentioned child has been included on the '**bus list**' for _____ Kindergarten and all relevant documentation is completed and filed into the appropriate place.

Name: _____ Signed: _____

Name of Kindergarten: _____ Date: ___/___/___