

BUS TRAVEL ABSENCE NOTIFICATION

Please fill in and return to the school Front Office when changes to normal travel arrangements are made.

Student/s Name/s: _____ Bus Route: _____

Date of absence/s: ____/____/____ to: ____/____/____ AM PM BOTH (please circle relevant time)
Parents/Caregivers please note: Bus Drivers will need to be notified directly of morning absences as well.

Changes to normal travel (eg different bus route, travelling with another student, etc): _____

For students that wouldn't normally utilise buses (eg live under 5km from School) and have a need to use one of the routes throughout the year (eg sleepovers, sporting commitments etc) permission will need to be sought from the Principal PRIOR to travel taking place.

Parent/Caregiver Name: _____ Parent/Caregiver Signature: _____

Date: ____/____/____ OFFICE USE:
[Office Notified: _____ Changes made: _____]

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