

# Tyndale Bus Service Request



# Tyndale

CHRISTIAN SCHOOL

**PLACEMENT ON BUSES IS SUBJECT TO ASSESSMENT CRITERIA AND SPACE AVAILABILITY**

- We request a place for our child/ren. (Requests take **up to 2 weeks** to process)
- We wish to change existing arrangements for child/ren already on bus. (Changes take **up to 2 weeks** to process)

We would like to use the bus on the following days. (Please Tick Boxes as shown)

| STUDENT DETAILS         |              |      | MON |    | TUE |    | WED |    | THU |    | FRI |    |
|-------------------------|--------------|------|-----|----|-----|----|-----|----|-----|----|-----|----|
| First Name              | Last Name    | Year | AM  | PM | AM  | PM | AM  | PM | AM  | PM | AM  | PM |
|                         |              |      |     |    |     |    |     |    |     |    |     |    |
|                         |              |      |     |    |     |    |     |    |     |    |     |    |
|                         |              |      |     |    |     |    |     |    |     |    |     |    |
|                         |              |      |     |    |     |    |     |    |     |    |     |    |
|                         |              |      |     |    |     |    |     |    |     |    |     |    |
| Example - Child 1 First | Child 1 Last | Yr 7 | ✓   |    | ✓   |    | ✓   |    |     | ✓  |     |    |
| Example - Child 2 First | Child 2 Last | Yr 3 | ✓   |    | ✓   |    |     |    | ✓   |    |     | ✓  |

Student Address \_\_\_\_\_ Suburb \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_ *Date you would like this request to commence* \_\_\_\_\_

**REQUESTS CAN TAKE UP TO TWO WEEKS TO PROCESS**

Junior School Students (Prep – Yr5) MUST have a parent / carer, authorised person or older sibling (yr 6-12) accompany them at the bus stop when boarding and leaving Tyndale Bus Services.

- I confirm that a suitable person will be able to accompany Junior School Students



Parent/Carer Name \_\_\_\_\_ Signature \_\_\_\_\_

Daytime Contact Number \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

- FYAT
- EF \_\_\_\_\_
- See Comment O/P
- FI

**FOR OFFICE USE ONLY**

**Comment**

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Contact made with Family  
Person contacted \_\_\_\_\_ Date \_\_\_\_\_

No Places available at this stage      Family notified     Yes       No

Request accepted – child/ren placed on bus      Family notified     Yes       No

Bus Service \_\_\_\_\_

Pick Up/Drop off point/s \_\_\_\_\_

Pick Up Time AM \_\_\_\_\_ Drop Off Time PM \_\_\_\_\_

Date to commence \_\_\_\_\_

Bus Driver List updated     Tan

Bus Services Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Letter sent to family      Date \_\_\_\_\_      Staff Initials \_\_\_\_\_

Agreement Form Returned      Date \_\_\_\_\_      Staff Initials \_\_\_\_\_

**IF APPLICABLE**

Family followed up original request to see if places are now available    Date \_\_\_\_\_    Staff Initials \_\_\_\_\_

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