PREMIER QUEENSLAND CODE OF CONDUCT

We do ask students to:

* At all times obey driver
* Where possible, remain seated for the duration of the journey
* Practice common sense, safety and respect for property
* Have bus pass ready to tap on each time boarding bus
* Wear seatbelt (if vehicle is fitted with seatbelts)

The following is prohibited:

* Smoking, eating or drinking on the bus or throw articles from the bus
* Any part of your body to protruding from the bus
* Mark or damage bus property - student may be liable for cost of repairs
* Act in an unacceptable manner—fighting, swearing, abusing driver, etc
* Cause discomfort to other passengers
* Undertake offensive behavior

We do ask parents:

* Be aware of, identify & where possible, prevent breaches of the code while on the bus.
* Ensure appropriate action is taken,do not approach the driver, contact the office for queries or complaints
* Treat the driver & other passengers fairly & with respect at all times

I have read and agree to abide with this code of conduct

STUDENTS SIGNATURE …….... DATE:……...

BUS TRAVEL IS SUBJECT TO STUDENTS COMPLYING WITH CODE OF CONDUCT SHOWN ABOVE
STUDENTS MUST NOTIFY BUS COMPANY IF THERE IS CHANGE OF ADDRESS, SCHOOL, % TRAVEL OR FAMILY DETAILS

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PREMIER QUEENSLAND

Phone: (07) 4591 3111

APPLICATION FOR BUS PASS 2027

PLEASE COMPLETE & RETURN **PROMPTLY**

STUDENT DETAILS

OFFICE USE ONLY
CLUSTER SERVICE:.....
TRANSPORTME
STUDENT LIST
EDUCATION PQ

SURNAME:……...GIVEN NAMES (Student): ……..……...

SCHOOL ATTENDING:……..……..……..……Grade:……

STUDENT DATE OF BIRTH: ……/……../…… SEX: M / F.

RESIDENTIAL ADDRESS: ……..…… POST CODE..……

Parents Name…….....……Parents Mobile.....

Parent Work No…….……..…Parents Email…..……..……..……..…

PREFERRED BUS STOP **AM** ……..

PREFERRED BUS STOP **PM**……

WHAT DAYS WILL THE SERVICE BE USED? Please tick:

Monday		Tuesday		Wednesday		Thursday		Friday	
AM☐	PM☐	AM☐	PM☐	AM☐	PM☐	AM☐	PM☐	AM☐	PM☐

DOES YOUR CHILD HAVE A MEDICAL CONDITION THAT WE SHOULD BE AWARE OF? YES / NO

If YES, please state medical condition:……..

PARENTS SIGNATURE……Date……

Office Notes: ……Turn Over

PREMIER QUEENSLAND

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