

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:.....

PARENT SIGNATURE:.....(PARENT HAS READ CODE ABOVE)

**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 2026

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 <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>

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

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