

# 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 throwing articles from the bus
- \* Any part of your body to be 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

## STUDENT DETAILS 2026 – FARE PAYER

PLEASE COMPLETE & RETURN **PROMPTLY**

### 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:.....

Office Notes: .....Turn Over

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