

## **STUDENT INFORMATION**

Bus Route: \_\_\_\_\_ Year of Travel: \_\_\_\_\_

First name: \_\_\_\_\_ Surname: \_\_\_\_\_ M/F Year: \_\_\_\_\_

First name: \_\_\_\_\_ Surname: \_\_\_\_\_ M/F Year: \_\_\_\_\_

First name: \_\_\_\_\_ Surname: \_\_\_\_\_ M/F Year: \_\_\_\_\_

Parent/Guardian Name (to whom any further communication is sent):

\_\_\_\_\_

Address (where student is staying): \_\_\_\_\_ Town: \_\_\_\_\_

Postal Address: (if different from above) \_\_\_\_\_ Town: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone (where child is staying, if no home number then a contact number is required):

Landline ( \_\_\_\_ ) \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

School/s of attendance: \_\_\_\_\_

## **MEDICAL INFORMATION (OPTIONAL)**

This information is required as a safety precaution for your children and other students. Information on initial treatment is important to prevent harm coming to these susceptible young people. Your Doctors information is required in case we need to contact you in an emergency.

Condition (i.e. diabetic, severe asthma, epileptic): \_\_\_\_\_

Emergency First Aid:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctors Name: \_\_\_\_\_ Doctors Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

**We would still like to have your Doctors Name and Telephone Number in case of emergencies, even if there are no current medical conditions to report.**

**PLEASE NOTE THAT ALL INFORMATION SUPPLIED WILL BE TREATED WITH THE STRICTEST CONFIDENCE TO ENSURE CLIENTS PRIVACY IS RESPECTED.**

## **TERMS & CONDITIONS FOR SCHOOL BUS TRAVEL**



### **SEAT AVAILABILITY:**

Students **MUST** be registered with the UZABUS office and a photo ID provided.

### **FARES:**

Payment arrangements **MUST** be made **PRIOR** to travel with office (various options available).  
10 Trip and Term passes can be purchased from the office or online at [www.uzabus.co.nz](http://www.uzabus.co.nz)

***NON PAYMENT WILL RESULT IN NO BUS TRAVEL***

### **SAFETY & BEHAVIOUR: (students must read and sign below to acknowledge understanding)**

- When I am a seated passenger, I will remain in my seat for the whole journey.
- I will not eat on the bus or throw anything inside or out of the bus.
- If I am a standing passenger, I will stand quietly and not push or move around the bus.
- I will respect other students and their property at all times (this includes pushing, verbal or physical abuse, or any other behaviour that may distract the driver).
- I will use socially acceptable language when conversing with the driver and/or other students and I will not speak at a volume that may distract the driver.
- I will respect the property of the bus operator at all times (e.g. refraining from standing on seats or vandalising the vehicle in any way).
- I will not engage in any behaviour that could put the driver or other students at risk.
- I will observe the requirements and instructions of the bus driver at all times.
- I understand that any damage I cause to the bus will result in my parent/caregiver being billed for the cost of repairs

**PLEASE NOTE:** We request that you are aware of other traffic and road safety when approaching or leaving the school bus and when crossing the road.

*Any student found to be misbehaving will be spoken to by the driver and reported to the UZABUS office. Both parents/caregivers and their school will be notified. If the problem continues or is regarded as serious the student will NOT be permitted to travel on any UZABUS operated bus for a specified time (this will be at the discretion of the school and UZABUS Management).*

We agree to the Terms and Conditions set out above regarding traveling on UZABUS school buses.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Caregivers Signature

\_\_\_\_\_

Student Name

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Student Name

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Student Signature

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Student Name

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Student Signature