

NARACORTE BUS HUB
APPLICATION TO CATCH DECD SCHOOL BUS

Please complete one form per family

BUS: _____ STOP: _____

Please tick the most appropriate box to indicate your child/childrens' bus needs:

Most days am and pm am only pm only occasionally

CHILD'S NAME: _____ MALE/FEMALE (Please circle)

DATE OF BIRTH: _____ YEAR LEVEL: _____

SCHOOL/PRE-SCHOOL: _____

DOES YOUR CHILD HAVE A DIAGNOSED MEDICAL CONDITION WHICH MAY REQUIRE FIRST AID : YES / NO

If YES please provide details:

CHILD'S NAME: _____ MALE/FEMALE (Please circle)

DATE OF BIRTH: _____ YEAR LEVEL: _____

SCHOOL/PRE-SCHOOL: _____

DOES YOUR CHILD HAVE A DIAGNOSED MEDICAL CONDITION WHICH MAY REQUIRE FIRST AID : YES / NO

If YES please provide details:

PARENT/CAREGIVER'S NAME: _____

RELATIONSHIP TO STUDENT: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____ **MOBILE PHONE NUMBER:** _____

Please complete and return to your site who will forward it to Naracoorte Primary School



Government of South Australia
Department for Education and
Child Development