



Bus Booking Form – Driver Information Sheet

Parent Name: _____ Parent ID: _____ Office use only

Child Name: _____ Child ID: _____ Office use only

Locations

Address: _____

Type: Pickup / Drop-off Day(s): Mon / Tue / Wed / Thur / Fri

Address: _____

Type: Pickup / Drop-off Day(s): Mon / Tue / Wed / Thur / Fri

Required trips (please tick)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Start date: _____ End date: _____

Contact Details for bus transport

Name: _____ Bus information, route changes etc... Phone: _____

Name: _____ Emergency Contact Phone: _____

Date: _____ Signature¹: _____

¹ By signing this form you confirm that you have read and understood the Code of Conduct for students travelling to and from school and are willing for your child to travel on the Bethania Lutheran School bus service.