



**HeronBridge College Bus Service Application Form 2013.**

Date of Application:

**Select your bus service options below.**

- 1. Permanent bus user – registration is PER TERM
- 2. Casual Afternoon Ticket: R33 per one way ticket
- 3. Exam Bus
- 4. Book of 10 **AFTERNOON ONLY** Tickets: R300
- 5. HeronBridge Staff

Surname: \_\_\_\_\_ \*Date to Start Service    (required info)

First Name: 1: \_\_\_\_\_ Grade (2013): \_\_\_\_\_

First Name: 2: \_\_\_\_\_ Grade (2013): \_\_\_\_\_

First Name: 3: \_\_\_\_\_ Grade (2013): \_\_\_\_\_

**Please indicate below how you wish to use the bus service:** (tick and write applicable bus stops)

Morning only       Afternoon only       Both Morning and Afternoon

Morning bus stop: \_\_\_\_\_ Afternoon bus stop: \_\_\_\_\_

**Contact Details**

Mother's Name: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_



**BUS SERVICE INDEMNITY FORM**

**THE INDEMNITY FORM MUST BE SIGNED BEFORE THE APPLICATION CAN BE PROCESSED. PLEASE RETURN ANY FORMS TO THE COLLEGE OFFICE.**

FULL NAME OF PUPIL/S: \_\_\_\_\_

DATES OF BIRTH: 

DD	MM	YYYY
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DD	MM	YYYY
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DD	MM	YYYY
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**The following information is required in the event of your child needing medical assistance:**

Does your child have any allergies or chronic illness? YES  NO

If YES, please give details: \_\_\_\_\_

Do you belong to a medical aid scheme? YES  NO

Name of medical aid scheme: \_\_\_\_\_

Membership number: \_\_\_\_\_

**DECLARATION: TO BE COMPLETED BY PARENT /GUARDIAN**

I, \_\_\_\_\_ in my capacity as parent/guardian of the child/ren listed above, request that a bus ticket be issued to my child/ren for 2013, and request that my school account be debited accordingly. I undertake to give the College a term's notice should I wish to cancel this service, failing which, the billing will continue for the following term.

I hereby indemnify and absolve HeronBridge College from any responsibility regarding loss of or damage to any property or any injury to the said pupil/s from the time he/she leaves home for the bus trip until he/she returns home.

I acknowledge that the College expects all children to behave appropriately on the bus and should my child behave inappropriately, the following action will be taken:

- I. Misdemeanour 1: A verbal warning will be given from the appropriate Head.
- II. Misdemeanour 2: A written warning will be given from the appropriate Head which must be signed by the parent and returned to the school.
- III. Misdemeanour 3: The pupil will be removed from the bus for the remainder of the term and for the following term. Fees will not be refunded for the remainder of that term.

I hereby designate the Head of the College / Preparatory school or anyone appointed by him to act in loco parentis on my behalf, and, should it be necessary, to procure medical or other assistance on my behalf and at my expense.

I have read and understood the bus rules and have educated my child/ren appropriately.

Full Name of Parent/Guardian: \_\_\_\_\_

ID Number: 

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Signature of Parent/Guardian: \_\_\_\_\_