

BUS ENROLMENT FORM - METHVEN AREA BUS GROUP

Please return form to school office as soon as possible

Start Date: _____

STUDENT DETAILS

Name: _____ School: MHC / MPS / OLS / LS Year: _____

Name: _____ School: MHC / MPS / OLS / LS Year: _____

Name: _____ School: MHC / MPS / OLS / LS Year: _____

CONTACT DETAILS

Address: *(include rapid number and RD address as applicable)*

Parents/Caregivers: _____ Home Ph: _____

Name: _____ Mobile: _____ Work: _____

Name: _____ Mobile: _____ Work: _____

Email: _____

UNATTENDED DROPS

As per MOE "Best Practice" students Year 10 and under will NOT be dropped at an unattended drop off point (including gateways) without prior consent from a parent/caregiver. Please make a selection from the following:

I give permission for my student/s to be let off at our designated stop even if there is not an adult present

I understand that if no adult is at the designated stop my student/s will be returned to their school (your driver will phone ahead and advise Methven Travel who will then contact the school concerned).

Parent / Caregiver Signature: _____

METHVEN AREA BUS GROUP

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SCHOOL OFFICE USE

Form Sent: _____

Confirmation: _____

Bus Run: _____