

PRIVATE BUS SERVICE AGREEMENT- 2024



The fee per student per year is \$631.00. Once we are in receipt of your agreement, a confirmation letter will be issued. In the event the bus is at capacity, you will be notified and added to the wait list.

Student's Name: _____ Year Level: _____

Student's Name: _____ Year Level: _____

Student's Name: _____ Year Level: _____

Student's Name: _____ Year Level: _____

Please tick which bus stop your child will require for the bus service

BUS ROUTE	BUS STOP	Tick ✓
1. AIRPORT WEST BUS ROUTE	Westfield Airport West Shopping Centre (outside target)	
	44 Devon Road, Pascoe Vale	
	Batman Station/Gaffney Street, Coburg	
	Victoria Street (Opp Greek Orthodox Parish)	
2. ST ALBANS BUS ROUTE	St Albans Station (Cnr Marsden & McKechnie Street, St Albans)	
	20 Amis Crescent (Panagia Soumela Parish) Keilor East	
	Hoffmans Road, Niddrie Cnr Muriel Street	
3. EPPING BUS ROUTE	Epping Station, Epping	
	45 Poplar Street, (Thomastown Orthodox Parish) Thomastown	
	Reservoir Station, Reservoir	
4. TEMPLESTOWE BUS ROUTE	Cnr Porter Steet & Church Road, (Parish of St Haralambos)	
	36 Pleasant Road, Bulleen (near Lonsdale Street)	
	Bell Street (O'Keefe Street), Preston	

Please indicate below which days and times of the week and your child/children require the bus service.

AM / PM	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Please list two contacts below: Parent/Guardian of Student

1. Contact: _____

Telephone: _____

2. Contact: _____

Telephone: _____

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Authorised Persons (2 names/contact details): I/We give permission for the following person/people to pick up and drop off my child/children at our nominated bus stop.

1. Contact: _____
Telephone: _____
2. Contact: _____
Telephone: _____

Allergies: YES NO

If yes, please specify _____

Medical Action Plan required YES NO If **YES**, please attach a copy.

Please **tick** if your child has any of the following: If **YES** to any, please provide diagnostic reports.

Medical Conditions	Tick ✓	Medical Conditions	Tick ✓
Motion Sickness		Disability	
Epilepsy		Vision Impairment	
Diabetic		ADHD	
ADD		Autism	
Asperger's		Psychological Issues	
Behavioural Issues/ Special Needs		Hearing Impairment	
OCD		Intellectual disability	
Asthma		Anaphylaxis	

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BUS SERVICE – TERMS AND CONDITIONS

1. **Bus Fees:** Invoices will be issued at the beginning of the year and will include Goods and Services Tax (GST). Payment will be required within 30 days of the invoice being issued, unless a payment plan has been requested in writing to the College Accountant.
2. **The fee for service is charged by the College accountant to secure your child/ children's seat on the bus service, regardless of usage or need for the service.**
3. **Extended Absence:** An Extended Absence is a period of four (4) weeks or more. If there is to be an extended period of absence, you must inform the College Office one (1) week in advance. Bus fees will not be adjusted accordingly.
4. **Morning/Afternoon Cancellation:** All changes must be made via the RollCall application. Should you need assistance with your log in or password you may contact the College Reception for assistance.
5. **Pick Up and Drop Off times:** The allocated bus driver for each route will wait up to 2 minutes from Departure time. It is recommended that parents/guardians arrive 5-10min prior to departure and drop off times to ensure a time efficient service.
6. **One Way Usage:** Parents are responsible for communicating changes to their bus service needs as they arise. The fee for service is per student which guarantee your child's seat on the bus, whether they require one way service or two-way service, or whether they require 2 days in week 1 and 4 days in week 2.
7. **One Off Usage:** Students who need to use the bus on a one-off occasion will be charged fees at the yearly rate per student, should there be seats available on the service, regardless of timing of enrolment onto the bus service.
8. **Termination of Service:** St John's College reserves the right to terminate or change the Bus Service Agreement in its sole discretion upon providing fourteen (14) days prior written notice to the family.
9. **College Communications:**
 - Student usage of the services should be made via the RollCall application. If you are experiencing issues logging in please call the school Reception on 9480 5300 or email info@stjohnspreston.vic.edu.au for assistance with your log in or to gain access.
 - Anything relating to Fees charged by the College Accountant please email fees@stjohnspreston.vic.edu.au
 - Enrolment for the Bus Service should be directed to our Bus Service Officer info@stjohnspreston.vic.edu.au
 - For any feedback, please email Mrs Kathryn Drougas Kathryn.drougas@stjohnspreston.vic.edu.au

I/we, _____ acknowledge and understand the St John's College Bus Agreement, have read the Bus Travel Policy and I/we understand that the bus route, stops and travel time may vary termly. I/we, give permission for our child to be transported on the Private School Bus Service.

My Child/ren has understood and read the bus rules as per the Bus Travel Policy.

Parent/Guardian Signature: _____ Date: ____/____/____

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ST JOHN'S COLLEGE PARENTAL CONSENT FORM

Please only complete this form if you are wanting your child to walk home independently from the bus stop.

I, _____ hereby give permission to Sunbury Coaches to transport and drop
(Parent/Guardian Name)

off my child, to the above location indicated without adult supervision until I am able to pick them up, I agree to release St John's College and Sunbury Coaches, it's agents and employees, from and against any and all liability, loss, damages, claims or actions to the maximum extent permissible by law, arising out of such transportation.

Student Information:

First Name: _____ Last name: _____ Year Level: ____

First Name: _____ Last name: _____ Year Level: ____

First Name: _____ Last name: _____ Year Level: ____

First Name: _____ Last name: _____ Year Level: ____

_____/_____/_____
(Parents Name) (Parent's Signature) (Date)