

# Black Springs Public School Travel Arrangements

*Please complete and return to school at your earliest convenience*

Family Surname: \_\_\_\_\_

Christian Name(s): \_\_\_\_\_

**My child(ren) will regularly:** *(please tick)*

- walk or ride their bike home
- catch Margaret's bus
- catch Carmel's bus
- be driven home by their parent(s)
- walk to \_\_\_\_\_'s home
- other (please give details)

\_\_\_\_\_  
\_\_\_\_\_

**My children also have permission to be collected by:**

Name: \_\_\_\_\_ Relationship with child/ren: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

OR

Name: \_\_\_\_\_ Relationship with child/ren: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

On AASC afternoons my children will: *(please tick)*

- walk or ride their bike home
- be driven home by their parent(s)
- walk to \_\_\_\_\_'s home
- other (please give details)

\_\_\_\_\_  
\_\_\_\_\_

I understand that the school needs to be notified immediately if any of the above details change.

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_