# Transport Authorisation Form – ONE FORM PER CHILD

I _____ give permission for _____ to participate in the below transportation runs **(Please note: There will be other schools in BSC & ASC transport and other children to be collected on transport runs).**

TRANSPORTATION RUNS:

| **SERVICE:** | CENTRE: | | | SCHOOL NAME: |
|---|---|---|---|---|
| BSC ☐ (8:00–9:00am) | A1 Fun Greenfields | ACE FCC | A1 Fun Pinjarra | |
| | A1 Fun OSH (JTC) | ACE ELC | | |
| ASC ☐ **(2:30-4:00pm)** | A1 Fun Greenfields | ACE FCC | A1 Fun Pinjarra | |
| | A1 Fun OSH (JTC) | ACE ELC | | |

| ***ELIGIBILITY CRITERIA APPLIES*** | CENTRE: | | | ADDRESS: |
|---|---|---|---|---|
| **HOME PICK UP** ☐ **(8:30-10:00am)** | A1 Fun Greenfields | ACE FCC | A1 Fun Pinjarra | |
| | A1 Fun OSH (JTC) | ACE ELC | | |
| **HOME DROP OFF** ☐ **(3:30-5:00pm)** | A1 Fun Greenfields | ACE FCC | A1 Fun Pinjarra | |
| | A1 Fun OSH (JTC) | ACE ELC | | |

| | | | |
|---|---|---|---|
| **EXCURSION** ☐ **(As per risk assessment)** | ACE Austin Cove | ACE FCC | Vacation Care and Pupil Free Days – Daily excursion permission form to be signed also. |
| | A1 Fun OSH (JTC) | A1 Fun Pinjarra | |
| | ACE ELC | A1 Fun Greenfields | |

VEHICLES UTILISED DURING TRANSPORT RUNS:

| **VEHICLE TYPE** | REGISTRATION | **STAFF** | **CH'N** | **VEHICLE TYPE** | REGISTRATION | **STAFF** | **CH'N** |
|---|---|---|---|---|---|---|---|
| **Captiva** | 1GEA663 | 1 | 6 | **A1 Commuter** | 1GHY437 | 1 | 10-11 |
| **TriBeca** | 1DLV 992 | 1 | 6 | **Pathfinder** | 1EGL507 | 1 | 6 |
| **Territory** | A1FUN | 1 | 6 | **Corolla** | 1GFF628 | 1 | 4 |
| **Territory** | 1EDC961 | 1 | 6 | **Big Bus** | 1GSR040 | 2 | 20 |
| **HH Commuter** | 1HBU808 | 1 | 10-11 | **Big Bus** | 1GVM120 | 2 | 20 |
| **ACE Commuter** | 1GFJ214 | 1 | 10-11 | **Ioniq** | 1HQG802 | 1 | 4 |

AUTHORISATION OF CONSENT

I acknowledge that my child is ____ years old and DOES / DOES NOT require an approved harness or booster safety restraint (PLEASE NOTE WHEN CHILDREN ARE IN THE BIG BUS THEY WILL USE A LAP SASH). I acknowledge that each vehicle / service has access to the designated risk assessments applicable to the transportation of my child.

| | | | |
|---|---|---|---|
| Parents Name: | | Child's Name: | |
| Signature: | | Child's DOB: | |
| Date: | | | |

FORM TO BE REVIEWED EVERY 12 MONTHS