

BUS ENROLMENT FORM - METHVEN AREA BUS GROUP

Student: _____ Start date: _____

School: *(please tick)*

Mt Hutt College ☐ Methven Primary ☐ Our Lady Of The Snows ☐ Lauristson ☐

Year: *(please circle)*

YR 1 YR 2 YR 3 YR 4 YR 5 YR 6 YR 7 YR 8 YR 9 YR 10 YR 11 YR 12 YR 13

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

Parents/Caregiver: _____ Home Phone: _____

Cellphone: Name: _____ Number: _____

Cellphone: Name: _____ Number: _____

Work Phone: _____

Emergency Contact: *(if no reply from home or cellphones this will be your nominated contact person)*

Name: _____ Numbers: _____

As per MOE "Best Practice" no student under Year 10 will 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).

☐ YEAR 10 AND OVER
If I am unable to be contacted in the event of an early bus closure, I would like my Y10 or over student/s held at school for me to collect them.

OFFICE USE ONLY:

ALFORD FOREST/ ASHBURTON / BARRHILL / DARTS RD/ DOUBLE HILL/ FORKS/
HATFIELD/ HIGHBANK/ MITCHAM/ MT HUTT/ MT SOMERS/ RAKAIA/ROKEBY/
SHERWOOD/THREE SPRINGS/ TINWALD/ VALETTA/ WINCHMORE

IN ZONE/OUT OF ZONE

INVOICE NUMBER:

M.O.E.

BUS LIST/CONTRACTOR

E/C

Sally-Ann Kircher Phone: 3029375 Fax: 3029377
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