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: ___________________________