

STUDENT TRAVEL DATA

To ensure the School Administration has updated information of students travel details in the event of bad weather or flooding - could you please complete the following form and return to the school office as soon possible ONLY IF YOUR CHILD HAS CHANGED THEIR TRAVEL DETAILS THIS YEAR.

This information is vital in the event of an emergency and the school has to get students home in a hurry.

STUDENT FAMILY NAME:	CHRISTIAN NAME	CLASS		

RESIDENTIAL ADDRESS:

(Please tick relevant travel)	Bus	Car	Walk	Bicycle	Other
Monday	am	am	am	ат	am
	рт	рт	pm	рт	рт
Tuesday	am	am	am	ат	am
	рт	рт	pm	рт	рт
Wednesday	am	am	am	ат	am
	рт	рт	pm	рт	рт
Thursday	am	am	am	ат	am
	рт	ат	pm	рт	рт
Friday	am	am	am	ат	am
	рт	рт	pm	рт	рт

{Please circle relevant times your student/s travel}

Bus Company:		 	 			
Bus Route Number:		 	 			
Bus Run Code:		 	 			
Name of Driver:		 	 			
Parent/Guardian/Carer Si	ianature			Date:	/	/



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