



Derby District High School

PMB 958 ~ Derby WA 6728
Email: derby.dhs@education.wa.edu.au
Ph: 9193 3000

BUS REQUEST FORM

Kindergarten ☐ Pre-K? ☐ (Please tick a box)

I give permission for my child to access the bus services provided by Derby District High School.

My child _____ is to be picked from
_____ in the morning and dropped off at
_____ (address) at the end of the session.

Kindy (3 days per week) Monday, Tuesday and Wednesday

Pre Kindy (1 day per week) Thursday

ON THE KINDY BUS RUN

Parent/Guardian Name _____

Name of Child/Children: _____

Home Address _____

Telephone Number _____

Signature _____ Date: _____

OFFICE USE ONLY:
Email Derby Bus Service
Enter on Integris
Copy to Teacher



RESPECT : RESPONSIBILITY