

REQUEST TO CHANGE SCHOOL BUS TIMETABLE

PTS502_1

(FOR SCHOOL USE ONLY)

1. Personal information will be collected from you for the purpose of processing this document.
2. Failure to provide this information may result in your application not being able to be processed.
3. Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to contractors and agents of the Department of State Growth, law enforcement agencies, courts and other organisations authorised to collect and keep it.
4. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to Department of State Growth. You may be charged a fee for this service.

Notes:

- **Approval for changes to bus services by the Department of State Growth should precede the obtaining of approval for changes to school hours from Central Office of DoE.**
- **Finalisation of approval will also be subject to the satisfactory resolution of any cost implications of the proposed changes to transport services.**

SECTION 1 - School Name and Address Details

School Name	School Contact Person & Position (eg Principal)
<input type="text"/>	<input type="text"/>

Business/Residential Address	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address (if same as Business/Residential write 'As Above')	Suburb	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone Number
<input type="text"/>

Fax Number
<input type="text"/>

Email Address	Website Address
<input type="text"/>	<input type="text"/>

SECTION 5 - OTHER RELEVANT INFORMATION

e.g. Planned student free days during the year, or any other proposed variations to information in Section 3 above.

SECTION 6 - AUTHORISATION

Proposed Commencement Date ___ / ___ / 201__

Full Name: _____

Position: _____

Date: ___ / ___ / 201__

Signature: _____

Please return form to:

Passenger Transport Services Branch
Department of State Growth
GPO Box 1242
Hobart TAS 7001

Ph: 03 6166 3335

Fax: 03 6233 5377