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UNITY COLLEGE – MIDRAND (& Fourways Gardens) BUS SERVICE 2019

APPLICATION FORM

Please complete and return to Michelle: admin@unity-college.org.za

CC Joey: accounts@unity-college.org.za | Madeleine: madeleine@unity-college.org.za

1. Pupils First Name/s: _____
2. Surname: _____
3. Parent/Guardian Name: _____
4. Contact details: (H) _____ (W) _____
Cell No: _____
E-mail: _____

5. Transport option required: (x where applicable)

- No child will be dropped off at home in the afternoon that is not on the list for Option 2.
- The driver has been instructed to keep to the departure times, so please ensure you are on time.
- The driver will only take instructions from Principal Deon Visser and Transport Supervisor Madeleine Sharp.

No	Bus Pick-up/drop-off points	OPTION 1 Monthly RETURN (Central Points) Only	OPTION 2 Monthly Mornings - (Central Points) Afternoon (Home Drop- off)	OPTION 3 Monthly SINGLE (Central points) Only
1.	Christ Church School	R1 274 per month	R2 071.20 per month	R637.20 per month mornings / afternoons ONLY
	Cnr. 9 th Road & 11 th Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Departure time: 06:40am			
2.	Urban Life Church	R1 274 per month	R2 071.20 per month	R637.20 per month mornings / afternoons ONLY
	Main Road.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Departure time: 07:00am			

3.	Afternoon Home Drop-off ONLY	R801.60 p/month		
4.	Fourways Garden special		R1 108.80 per month	
	Departure: ±07:20am			

6. Payments:

Bus fees are payable BEFORE the 5TH of the month, together with school fee payments. Your school fee account will be billed with the bus fee when the next month's school fees are processed.

Prompt payment is required. The rule NO payment NO Bus service applies.

I the undersigned confirm that my child will be making use of the transport and agree to adhere to the conditions of the service at all times.

Full names and surname: _____

Signature: _____ Date signed: _____

CONDITIONS

- a) An application form must be completed and signed for each pupil using the bus service.
- b) The Indemnity section must be completed and signed by parents / guardian of each pupil.
- c) **Payments:** must be made by the 5th of each month via direct electronic transfer.
- d) **Departure times:** Bus will leave pick-up / drop off points promptly at scheduled times. Parents and pupils to ensure that they are on time. The bus cannot be delayed, so please adhere to the time-frames.
- e) The supervision of pupils before boarding and after disembarking the bus is not the responsibility of the driver or Unity College staff member.
- f) Parents please ensure you are at the pick-up / drop off points to collect your child/ren in the afternoon before the bus arrives.
- g) **The bus may not be stopped in between the designated pick-up/drop-off points**, when you have missed the bus at the pick-up point in the morning.
- h) **One month's written notice is required** when resigning from the bus service. This should be addressed to the [Principal Mr Deon Visser](#), via e-mail or handed in at school or given to the driver/ or transport supervisor Madeleine.
- i) Misbehaviour on the bus will not be allowed and any pupil who misbehaves, will be taken off the bus service.

- j) Should your child be sick or away from school for any reason, please advise the bus supervisor and or driver. This also includes the situation where your child has travelled on the transport in the morning but for an unforeseen reason (child falls sick at school etc.) will not travel homeward bound in the afternoon.

Contact numbers

- Alfred (driver) – 066 189 6976

I, (Full names) _____ parent/guardian of (Full names) _____
Agree to the above conditions.

Signature of parent/guardian (above)

Date signed: _____

INDEMNITY FORM

I the undersigned, (Print full name) _____

The Father / Mother / Guardian of _____ (child's name)

Give consent for my child to travel on the bus service, provided by Unity College.

I hereby waive all claims I might have against Unity College for any damage, injury and loss which may be suffered by my son / daughter while using the bus service and do hereby indemnify Unity College against any such claim which may be made by either my son / daughter or by any other person.

Signed at (Full names & signature) _____ this ____ day of _____ 20 ____

(Full names & surname) Father / Mother / Guardian (delete whichever is not applicable)