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| **BHCS BUS APPLICATION 2020** | | | | | |
| Please tick the times needed – fees are half time and full time only, casual bus use is **NOT** available. **Preference will be given to full-time users** | | | | | |
| **PRIORITY USERS**  MON-FRI: Full time ❒ | **OTHER USERS**  MON-FRI: AM ONLY ❒ | | **OTHER USERS**  MON-FRI: PM ONLY ❒ | | |
| **STUDENT DETAILS** | | | | | |
| **Surname** | **First Name** | | | **Year Level in 2020** | **Intended date for commencement of travel** |
|  |  | | |  |  |
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|  |  | | |  |  |
| **Residential Address for the children listed above (1 only per child):** | | | | | |
| **Please list any significant Medical Conditions of which our drivers should be aware for the children listed above:** | | | | | |
| **Name of parent/guardian completing this form:** | | | | | |
| **Daytime Contact Number:** | | | | | |
| **Preferred Email Address:** | | | | | |
| **Signature:** | | **Date form was completed:** | | | |
| **Office Use Only**  🞏 BOR 🞏 GEM 🞏 ROW 🞏 NAR 🞏 Other | | | | | |

**PLEASE RETURN THIS FORM BY FRIDAY 20 SEPTEMBER 2019**