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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**