

### 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

**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**