

BHCS BUS APPLICATION 2021				
Please tick the times needed – fees are half time and full time only, casual bus use is <b>NOT</b> available. <b>Preference will be given to full-time users</b>				
PRIORITY USERS MON-FRI: FULL TIME □	OTHER USERS MON-FRI: AM (	OTHER USERS  MON-FRI: PM ONLY		
STUDENT DETAILS				
Surname	First	Name	Year Level in 2021	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  ☐ ROW ☐ NAR ☐ GEN	⁄I □ BOR	☐ OTHER		

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