

BHCS BUS APPLICATION 2022					
Please tick the times needed – fees are half time and full time only, casual bus use is <u>NOT</u> available. Preference will be given to full-time users					
PRIORITY USERS MON-FRI: FULL TIME	OTHER USERS MON-FRI: AM (OTHER USERS MON-FRI: PM ONLY	
STUDENT DETAILS					
Surname	First	First Name		Intended date for commencement of travel	
Posidontial Addross for the children	listed above (1	only nor child)			
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	M 🗆 BOR		□ OTHER		