

### BHCS BUS APPLICATION 2025

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 2025	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:**

**Email Address:**

**Flexi Travel: 14+ years old only**

I give permission for my child, who is 14 years or older, to disembark at stops along their designated bus route, aside from their regular stop, specifically for employment or sport-related reasons. I understand that the information my child provides in these instances cannot always be verified by the driver on the day of the request.

YES

NO

**Signature:**

**Date form was completed:**

**Office Use Only**

ROW     NAR     GEM 1     GEM 2     BOR     MON  
 BELGRAVE     HEIGHTS