



Citipointe Christian College  
THE CHRISTIAN OUTREACH COLLEGE BRISBANE

## REQUEST FOR SCHOOL BUS TRANSPORT

**This request is for:**

- 1. Continuation from previous year
- 2. New application  Date of commencement/first trip \_\_\_\_/\_\_\_\_/20\_\_\_\_
- 3. Cancellation of service  Date of last trip: \_\_\_\_/\_\_\_\_/20\_\_\_\_

(1) Student's Name \_\_\_\_\_ Year Level \_\_\_\_\_

(2) Student's Name \_\_\_\_\_ Year Level \_\_\_\_\_

(3) Student's Name \_\_\_\_\_ Year Level \_\_\_\_\_

(4) Student's Name \_\_\_\_\_ Year Level \_\_\_\_\_

(5) Student's Name \_\_\_\_\_ Year Level \_\_\_\_\_

**Student Address:**

.....

**Phone Number:**                      **Home:**    **Mobile:**

.....

**Student Mobile:**.....

**Do you intend changing your address during the year?**

NO       YES

**Will bus transport be required at new address?**

NO       YES

**New address (if known):**

.....

I authorise bus fees to be added to my school fee account and undertake to pay account when due and payable in accordance with credit policy of the College.

**Parent/Guardian Name:** ..... **Signature:** .....

**SUBMISSIONS:** Kindly submit the above completed form to the College via email to: [mail@brisbane.coc.edu.au](mailto:mail@brisbane.coc.edu.au) or **FAX: +61 7 3347 5900 (Attention: BUS DEPARTMENT)**

**OFFICE USE ONLY:**

Stop Location: \_\_\_\_\_ Bus Run & Number: \_\_\_\_\_