



REQUEST FOR SCHOOL BUS TRANSPORT

This form should be completed to enable consideration for placement on a school bus
for (indicate the year) _____

FOR CURRENT USERS OF BUS

If bus is not required,
Please mark X in the box and
state from when

Family Name: _____

List given names of each student requiring bus transport

(1) Name of Student	Year LVL	<input type="checkbox"/>	COMMENCING FROM _____
(2) Name of Student	Year LVL	<input type="checkbox"/>	COMMENCING FROM _____
(3) Name of Student	Year LVL	<input type="checkbox"/>	COMMENCING FROM _____
(4) Name of Student	Year LVL	<input type="checkbox"/>	COMMENCING FROM _____
(5) Name of Student	Year LVL	<input type="checkbox"/>	COMMENCING FROM _____

Student's Address _____

ADDRESS (LINE 2) _____ Post Code _____

TELEPHONE / CONTACT

Home Phone _____ Mobile _____

Work Phone _____ Student mobile no. _____

Please indicate the nearest Intersecting street to your house (tee, cross etc):

Note: Some former stop locations may change due to the annual review of bus runs

Please advise if there is any intention of changing your address during the New Year:

- NO If YES, please indicate date of change and preferred suburb of your new address, if known
- YES

Would bus transport still be required at your new address? NO YES

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 : _____

SUBMISSION: Kindly submit the above completed form to the College via email to mail@brisbane.coc.edu.au or FAX +61 7 3347 5900 (Attn: BUS DEPARTMENT)

OFFICE USE ONLY:

Stop Location _____ Bus Run and Number _____