

Please return to the Transport Coordinator: PO Box 322, Ashmore City, 4214

Trinity Lutheran College (Prep to Year 12)
2017 Bus Service Request Form

Please circle which Bus Route/s your students will be using

Route 1: Hollywell/Coomababah/Runaway Bay/Biggera Waters/Paradise Point/Ladrador/Ashmore

Route 2: Clear Island Waters/Robina/Broadbeach Waters/Benowa Waters/Benowa/Bundall/Ashmore

Route 3: Oxenford/Pacific Pines/Riverstone Crossing/ Helensvale/Arundel/Parkwood/Crestwood

Route 4: Robina/Mudgeeraba/Worongary/Gilston/Nerang/Highland Park/Carrara

Other: Intercampus Bus Only

Surname..... Home Telephone No.

Collection/Drop-off Point

Home Address

Email Address.....

Fathers Work:.....Mothers Work:

Fathers Mobile:.....Mothers Mobile:

Student #1

Surname First Name.....

Age M/F (please circle) Year Level Care Group/Teacher.....

Travelling on the Bus	Mornings	M	T	W	Th	F	or	Casual
	Afternoons	M	T	W	Th	F	or	Casual
(Please Circle)								

Student #2

Surname First Name.....

Age M/F (please circle) Year Level Care Group/Teacher.....

Travelling on the Bus	Mornings	M	T	W	Th	F	or	Casual
	Afternoons	M	T	W	Th	F	or	Casual
(Please Circle)								

Student #3

Surname First Name.....

Age M/F (please circle) Year Level Care Group/Teacher.....

Travelling on the Bus	Mornings	M	T	W	Th	F	or	Casual
	Afternoons	M	T	W	Th	F	or	Casual
(Please Circle)								

Emergency Contact Details: (Please make different from details above)

Name:..... Telephone:

Work Telephone:..... Mobile:.....

Address:

I hereby request as a parent/guardian that my son/s and/or daughter/s utilise this bus service and I agree to be bound by the rules, conditions and behaviour codes of Trinity Lutheran College.

Name of Parent/Guardian:

Signed: