

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

**Trinity Lutheran College (Prep to Year 12)**  
**2019 Bus Service Request Form**

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

- Route 1:** Hollywell/Coombabah/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  
**Route 5:** Ashmore/Main Beach/Paradise Waters/Surfers Paradise/Chevron Island/Southport  
**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: .....