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

Trinity Lutheran College (Prep to Year 12)
2021 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: ……