TRINITY LUTHERAN COLLEGE BUS SERVICE REQUEST FORM

Once completed please return to the Transport Coordinator: buses@tlc.qld.edu.au

BUS ROUTE: (Please circle which bus route/s your students will be using)

1	Coombabah, Runaway Bay, Paradise Point, Hope Island, Hollywell, Biggera Waters, Labrador, Southport, Ashmore	4	Worongary, Mudgeeraba, Gilston, Nerang, Carrara, Merrimac
2	Mermaid Waters, Broadbeach Waters, Bundall, Isle of Capri, Clear Island Waters	5	Main Beach, Surfers Paradise, Surfers Paradise Rowing Club, Chevron Island, Southport, Ashmore
3	Pacific Pines, Oxenford, Helensvale, Arundel, Parkwood, Crestwood Heights (Molendinar)	6	Benowa, Ashmore, *Academy Dance Studios

Collection/Drop-off Area: .....

PARENT DETAILS:

First Name: ..... Last Name: .....

Home Address: .....

Father's Email: ..... Mother's Email: .....

Father's Mobile: ..... Mother's Mobile: .....

STUDENT DETAILS:

First Name: ..... Last Name: .....

Age: ..... Gender: M / F Year Level: ..... Care Group/Teacher: .....

TRAVEL DAYS: **Morning Bus** M T W T F or Casual

Afternoon Bus M T W T F or Casual

First Name: ..... Last Name: .....

Age: ..... Gender: M / F Year Level: ..... Care Group/Teacher: .....

TRAVEL DAYS: **Morning Bus** M T W T F or Casual

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Age: ..... Gender: M / F Year Level: ..... Care Group/Teacher: .....

TRAVEL DAYS: **Morning Bus** M T W T F or Casual

Afternoon Bus M T W T F or Casual

EMERGENCY CONTACT DETAILS: (please make different to above)

Name: ..... Contact Number: .....

Home 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: .....