



Citipointe Christian College

REQUEST FOR SCHOOL BUS TRANSPORT

This request is for:

- 1. Continuation from previous year Family ID (if known)
- 2. New application Date of commencement/first trip ____/____/20____
- 3. Cancellation of service Date of last trip: ____/____/20____

- (1) Student's Name _____ Year Level _____
- (2) Student's Name _____ Year Level _____
- (3) Student's Name _____ Year Level _____
- (4) Student's Name _____ Year Level _____
- (5) Student's Name _____ Year Level _____

Student Address:

.....
Phone Number: **Home:** **Mobile:**

Student Mobile:.....

Please indicate service required:

- AM only PM only AM/PM
- Full week Day/Days required

CASUAL BUS TRAVEL – A signed note from parent/guardian is required authorising casual travel on school bus. This request must be handed to Bus Fleet Manager.

ANY CASUAL BUS TRAVEL WILL ONLY BE CONSIDERED/APPROVED IF PICK UP/DROP OFF POINT IS PART OF THE EXISTING PLANNED BUS ROUTE.

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:**

SUBMISSIONS: Kindly submit the above completed form to the College via email to: mail@citipointe.qld.edu.au or **FAX: +61 7 3347 5900 (Attention: BUS DEPARTMENT)**

OFFICE USE ONLY:

Stop Location: _____ Bus Run & Number: _____