APPLICATION TO TRAVEL ON FCJ SCHOOL BUS

PLEASE RETURN COMPLETED FORM TO:

Business Manager, FCJ College, PO Box 123, Benalla 3671

Student Details:			
Residential Address		Postcode	
Name of Parent/ Guardian:			
Residential Address		Postcode	
Emergency Contact Name:			
Relationship		Telephone	
Emergency Contact Name:			
Relationship		Telephone	

Distance from home to school:	
Distance from home to bus stop:	

Student One:

Full Name:		Date of Birth		Year Level at time of travel	
Travel Start Date					
Any medical problems or requirements the driver should be notified of? If yes, please provide details below					
Which days do you intend to use this service? (Please use X to mark)					

MON		TUE		WED		THU		FRI	

Student Two:

Full Name:		Date of Birth		Year Level at time of travel	
Travel Start Date					
Any medical problems or requirements the driver should be notified of? If yes, please provide details below					
Which days do you intend to use this service? (Please use X to mark)					

MON		TUE		WED		THU		FRI	

Student Three:

Full Name:		Date of Birth		Year Level at time of travel	
Travel Start Date					
Any medical problems or requirements the driver should be notified of? If yes, please provide details below					
Which days do you intend to use this service? (Please use X to mark)					

MON		TUE		WED		THU		FRI	

I acknowledge the decision about whether my child can travel on the school bus service is at the discretion of the coordinating principal and may be reviewed at any time in accordance with the Code of conduct.

Parent / Guardian Name: (please print) ……

Parent / Guardian Signature: ……

Date: …………………………………………..

OFFICE USE ONLY:

Date Received		Travel from (date)		Travel to (date)	
Conveyance					