

## TRANSPORTATION FROM SCHOOL



OFFICE USE:

Entered date:     /     /20

By:

### **SECTION 1:**

Family Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

**My child/ren:**     **do or do not**     **use bus services/After school care/Bike to depart school**  
**(please circle)**

### **SECTION 2:**

**Bus (please ✓ tick)**

City Bus (CDC) ☐

Country Bus Littles 9 ☐

Black Hill Bus (CDC) ☐

Country Bus Nagles 16 ☐

Buninyong Bus (CDC) ☐

**Other**

Bike ☐

After School Care YMCA bus ☐

### **DAYS OF THE WEEK:**

5 days (Mon-Fri) ☐

or

Monday ☐

Tuesday ☐

Wednesday ☐

Thursday ☐

Friday ☐

Please write below any variations to route that occur regularly e.g., catch City Bus every Tuesday & Friday, catches Country Bus every second Friday:

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_