

**COLLEGE BUS APPLICATION FORM**

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

Child's Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Phone Number (in case of emergency): \_\_\_\_\_

Address: \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_

**Before school pickup on which days (please tick below):**

Monday  Tuesday  Wednesday:  Thursday:  Friday:

**After school drop-off on which days (please tick below):**

Monday  Tuesday  Wednesday:  Thursday:  Friday:

**Both pickup and drop off on which days (please tick below):**

Monday  Tuesday  Wednesday:  Thursday:  Friday:

If you have made any changes to your previous College Bus Application Form, please list below:

**Parent Obligation:** I/We understand that the College Bus Service that Macarthur Adventist College offers is operated on a user pays basis. As my child/ren will be using this service I/we understand that there will be an additional charge entered on my/our fee account and a suitable arrangement must be made with the accounts office to clear this account each term. Failure to keep these arrangements with the accounts office may result in the withdrawal of this service.

Parent/Guardian Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Student Obligation: As the person using this service I have read and understand the Code of Behaviour for the College Bus:

Student Signature: \_\_\_\_\_