



Bus Registration Form

Parent/Guardian Details

Term: _____

Parent/Guardian Full Name: _____

Phone Number: _____ Email: _____

Street Address: _____

_____ Postcode: _____

Student Details

Child 1 Full Name:

Year Level:

Child 2 Full Name:

Year Level:

Child 3 Full Name:

Year Level:

Child 4 Full Name:

Year Level:

Which bus service do you catch?

Mandurah Baldivis

How often does your child catch the bus?

AM & PM AM Only PM Only Infrequent

Does your child/children have any allergies or medical conditions?

No Yes – Details: _____

I give permission for the above information to be provided to SCBC's bus contractor for the purposes of informing daily operations and emergency management:

No Yes

I agree that in the unforeseen event of my child/children riding the bus without a valid ticket, the charges will be added to my College fees account.

Signed: _____