



2018 Bus Expression of Interest

Please complete and return to Flinders Christian Community College, Carrum Downs

Family Name

Student/s Name..... Current Year Level

..... Current Year Level

..... Current Year Level

Phone.....

Please check the list of bus routes and stops attached and select the route and circle the stop your child/children will be collected/dropped off at each day

Bus Route (choose one)

- Cranbourne West/Botanic Ridge/Langwarrin
- Seaford/Patterson Lakes/Sandhurst
- Frankston Sth/Langwarrin

Bus Stop AM (circle one) A B C D E F G H I J K L M N O P

Bus Stop PM (circle one) A B C D E F G H I J K L M N O P

Please tick travel option required:

1. Fulltime AM & PM OR
2. Part time: Mon – Fri AM only OR
3. Part time: Mon – Fri PM only OR
4. Part time: Select below

Monday AM PM Tuesday AM PM Wednesday AM PM
Thursday AM PM Friday AM PM

Parent's name.....

Parent/Guardian Signature Date/...../.....

Payment Type Deposit (\$100.00) per child

In person at the College Business Office – Cheque / Cash / EFT

Credit Card

Please debit my Visa / Mastercard (circle one) for the cost of \$.....

Card Number

Expiry date/...../..... Name on Card.....

Office only:

Date received: / /

Staff Initials: