



EXPRESSION OF INTEREST FORM

STUDENT TRANSPORT

NAME:

PICK UP ADDRESS:

DROP OFF ADDRESS:

(If different from pick up address)

MORNINGS TO BE PICKED UP: (Please tick)	MON	TUES	WED	THURS	FRI
AFTERNOON TO BE DROPPED OFF: (Please tick)	MON	TUES	WED	THURS	FRI
DOES YOUR CHILD TRAVEL: (Please tick appropriate choice)	SITTING ON A BUS SEAT?		OR	IN A WHEELCHAIR?	
DOES YOUR CHILD TRAVEL WITH ANY EQUIPMENT? (eg. walker, stroller etc)					
DOES YOUR CHILD REQUIRE ANY EQUIPMENT TO BE SAFE ON THE BUS OR TAXI? (eg. buckle guard, 5 point harness etc)					
IF YOU ARE ELIGIBLE FOR TRANSPORT, WHAT DATE WOULD YOU WISH TO COMMENCE?					

ANY ADDITIONAL INFORMATION: