

BUS APPLICATION FORM



LUCINDALE
AREA SCHOOL



Government of South Australia
Department for Education

Bus Run: _____

Bus Stop: _____ (LAS OFFICE USE ONLY)

Child's Name:	Gender:
Date of Birth:	Year Level:
Does your child have a diagnosed medical condition which may require first aid: Yes / <u>No</u> If YES, please provide details:	

Child's Name:	Gender:
Date of Birth:	Year Level:
Does your child have a diagnosed medical condition which may require first aid: Yes / <u>No</u> If YES, please provide details:	

Parent/Caregiver Name:	Relationship to Student:
Postal Address:	Residential Address:
Email Address:	Best Contact Number:

****Please complete and return completed form to the front office****