



Southern Cross Catholic College

**2025**

**Bus Travel Application**

- Bus A - Burpengary
- Bus B - Bracken Ridge
- Bus C - Inter-Campus Bus

**Section A - to be completed by parent/guardian**

The following information will be used to determine eligibility.

**1 Parent/guardian details**

Title	Family name	Given name/s	Email	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2 Names of student/s applying for bus travel between campuses**  
 IMPORTANT: Student details must match records held by the school attended.

		Family name	Given name	Year level	Pick-up location	Drop-off Location
1	AM					
	PM					
2	AM					
	PM					
3	AM					
	PM					
4	AM					
	PM					

**3 On what days will the service be used?**  
 Please specify a start date for travel and tick ( ✓ ) the days travelled specifying am/pm - actual times are not needed

Student's given name (as shown above)	Monday		Tuesday		Wednesday		Thursday		Friday	
	am	pm	am	pm	am	pm	am	pm	am	pm
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4 Certification by parent/guardian**  
 I certify that the information provided is true and correct.  
 I understand that I am required to complete a new application for 2026 bus services.  
 I understand that my personal information provided on this form will be shared to a Third Party software provider.

Signature  Date

Once completed, please return form to [SCCCFinance@bne.catholic.edu.au](mailto:SCCCFinance@bne.catholic.edu.au)

**Section B - to be completed by the college**

Staff Name:

Date of received:

<b>Student Card</b>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>