

BEAUFORT SECONDARY COLLEGE

SCHOOL BUS TRAVEL VARIATION

I wish to advise the school that my son(s)/daughter(s)

Christian Name(s)

Family Name

Year Level

.....
.....

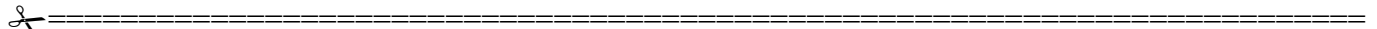
WILL TRAVEL on the school bus, subject to the school's approval
WILL NOT TRAVEL on their usual school bus (please tick relevant boxes)

On Day(s) Date(s)

MORNING AFTERNOON

Reason (please be brief)

Parent's signature:



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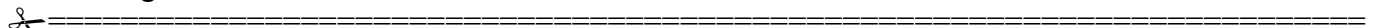
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