

APPLICATION FOR REPLACEMENT BUS PASS

DEPARTMENT OF TRANSPORT APPROVED REPLACEMENT FEE \$11 inc. GST

PART A TO BE COMPLETED BY PARENT/GUARDIAN

1 STUDENT'S NAME

<input type="text"/>	<input type="text"/>
<i>Surname</i>	<i>Given Names</i>

2 STUDENT'S HOME ADDRESS

<input type="text"/>	
<input type="text"/>	<input type="text"/>
<i>Postcode</i>	<i>Phone</i>

3 SCHOOL

<input type="text"/>	<input type="text"/>
	<i>Year</i>

It is a requirement that Bus Passes be shown when boarding the bus.

Bus Passes are **NON-TRANSFERABLE**.

Students who obtain a replacement pass and give, loan or sell it to another student will have the matter referred to the school and rights to free travel withdrawn.

If there are any circumstances which should be taken into account in issuing a replacement pass, please contact the office.

4 DECLARATION

I hereby declare that the Bus Pass previously issued has been

(Lost/Stolen/Destroyed/Mutilated/etc.)

If the Bus Pass should be recovered I undertake to destroy the original pass.

SIGNATURE

PARENT/GUARDIAN

DATE

Replacement passes may be obtained by either:-

1. Giving this completed form to the driver with \$11 payment (see options below).
2. Calling at the company's office between 8:30 and 4:30 weekdays.
3. Sending this completed form to the address below with a cheque or credit card details.
4. Faxing the completed form with credit card details to the fax number shown below.
5. Ringing our office between 8:30 and 4:30 weekdays on the phone number shown below.

Payment method: Cash Cheque Credit Card

Credit card payment

Card number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Visa
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Mastercard
Cardholders Name:	<input type="text"/>			Expiry date: <input type="text"/> / <input type="text"/>	Amount \$11.00 inc. GST
Signature:	<input type="text"/>			Daytime phone no: <input type="text"/>	



A member of the Buslines Group
Buslines Group Pty Limited ABN 99 000 016 339

8 Sheather Street PO Box 407
Ballina NSW 2478 Phone: (02) 6686 3666

PART B OFFICE USE ONLY

5 DRIVER'S NAME

SHIFT NO.

PART C Name and school to be completed by parent where form and fee is to be given to the driver.

INTERIM RECEIPT/PASS (To be shown on boarding until replacement pass issued)

6 STUDENT'S NAME

<input type="text"/>	<input type="text"/>
<i>Surname</i>	<i>Given Names</i>

SCHOOL

DRIVER'S SIGNATURE

DATE



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VALID FOR 2 DAYS

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