TRINITY COLLEGE

BUS SERVICE APPLICATION

Parent/Legal Guardian Details

Full Name: _____

Surname *Given Names:*

Relationship to student: _____

Address: _____

Street Address

_____

Suburb *State* *P/code*

Phone: _____ Email: _____

Names of students applying for bus travel

Family name	Given name	Year Level
1.		
2.		
3.		
4.		

On what days will the service be used? (Please tick)

Students given name (as shown above)	First date of travel on school bus this year	Monday		Tuesday		Wednesday		Thursday		Friday		Total number of days (am)	Total number of days (pm)
		am	pm	am	pm	am	pm	am	pm	am	pm		
1.													
2.													
3.													
4.													

Bus fares

Fares are charged at $45.00 per student, per week for transport inclusive of both the am and pm run. The fare will be charged by Trinity College annually and must be paid by the due date indicated on the invoice. Fares are subject to change, families will be notified one term prior to any fee increases.

This application will be in place from the commencement of travel until the parent notifies the College that the service is no longer required.

I agree to pay the bus fare to Trinity College by the due date and adhere to the Code of Conduct for School Students Travelling on Buses.

Signature of Parent/Legal Guardian: _____ Date: _____

Full Legal Name: _____