



## **BUS SERVICE APPLICATION**

			Par	ent/L	egal G	Guardi	ian De	tails							
Full Name:		Given Names:													
Relationship	to student:														
Address:															
	Street Address													<u> </u>	
	Suburb			State P/code											
Phone: Email:															
Phone:														_	
		Nam	nes of	stud	ents a	pplyii	ng for l	bus tra	vel						
Family name				Given name						Year Level					
1.															
2.															
3.															
4.															
		On what	dave	vazill +k	ne ser	vice h	A LISA	12 (Plea	se ticl	<u> </u>					
		On what	uays	VVIII CI	10 301	VICE E	c usec	1: (I ICG	isc tici	<b>'</b>					
Students given name (as shown above)  First date of travel on			Мо	nday	Tue	Tuesday		Wednesday		Thursday		day	Total number	Total numbe	
(as show	vii above)	school bus this year	am	pm	am	pm	am	pm	am	pm	am	pm	of days (am)	of day (pm)	
1.															
2.															
3.															
4.															
					Bus	fares									
charged by	Trinity Colleg	00 per student, per te per term and man the term prior to	iust be	paid l	by the									ge,	
This applica		n place from the o	comm	encem	ent of	travel	until th	e parent	notifie	s the C	ollege	that th	ne service is		
I agree to pa Travelling o		to Trinity Colle	ge by	the du	e date	and ad	lhere to	the Cod	e of Co	onduct 1	for Scl	nool S	tudents		
Signature of Parent/Legal Guardian:									Date	e:					
Full Legal Na	ıme:														