

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 | s travel | | |

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

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

| First date of travel on school bus this year | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Total number | Total number |
|---|-------------------------|-------------------------|-------------------------|-------------------------------|-------------------------|--|--|---|-------------------------|--|--|---|
| | am | pm | am | pm | am | pm | am | pm | am | pm | of days (am) | of days (pm) |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | travel on school bus | travel on school bus | travel on school bus | travel on school bus am am am | travel on school bus | travel on school bus and any | travel on school bus an am am am am am | travel on school bus am am am am am am am | travel on school bus | travel on school bus an | travel on school bus an an an an an an an an an | First tale of travel on school bus Monday Tuesday Wednesday Thursday Friday |

Bus fares

Fares are charged at \$40.00 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: _____ Date: _____

| Full | Legal | Name: | |
|------|-------|-------|--|
| | | | |