

RED BUS SERVICES PTY LTD

(02) 4332 8655
P.O. BOX 3186
BATEAU BAY N.S.W 2261

APPLICATION FOR REPLACEMENT OF BUS PASS FOR SCHOOL TRAVEL

STUDENT'S NAME _____
(SURNAME) (OTHER NAMES)

ADDRESS: _____

_____ POSTCODE _____

PHONE: _____ Date of Birth: _____ / _____ / _____
(Day) (Month) (Year)

NAME OF SCHOOL: _____

CLASS YEAR: _____ MALE/FEMALE _____

THE FREE BUS PASS ISSUED TO MY SON / DAUGHTER FOR SCHOOL TRAVEL:

HAS BEEN _____
(LOSS / STOLEN / DAMAGED / MUTILATED ETC.)

THE PASS WAS LAST IN MY / HIS / HER POSSESSION ON OR ABOUT: _____

AND SHOULD IT BE RECOVERED I UNDERSTAND TO RETURN IT IMMEDIATELY TO:

THE ENTRANCE RED BUS SERVICES PTY. LTD.

(PARENT / GUARDIAN'S SIGNATURE)

(DATE)

FEE TO BE PAID: \$10.00

CHEQUES NOT ACCEPTED

Driver Name / Shift Number: _____

OFFICE USE ONLY

Replacement No: _____

Date Replacement Issued: _____

School / Student Number: _____

Distribution: _____