## **MARTINS ALBURY**

## APPLICATION FOR THE PURCHASE OF SCHOOL BUS PASS

STUDENT DETAILS	
Surname	First Name
Address	
Phone	.School
Date of Birth	Male Female Year Level
Term 1 2 3 4	AM PM
Semester 1 2	AM PM
Year	AM PM
Journey From	
Journey To	
Pass must be shown on entering bus or appropred to the pass is NOT TRANSFERABLE and any tolerated and may result in the pass being suspense.     For use only between the locations specified on LOST, STOLEN OR MUTILATED PASSES will be not eating, drinking or smoking allowed at any time. Any person found causing damage to the bus will the pass remains the property of the Company.	illegal use, offensive language and unruly behaviour will not be ended. the pass. be replaced on payment of a fee of \$11.00 me
THE FOLLOWING MUST BE SIGNED BY THE S THE PARENT OR LEGAL GUARDIAN	STUDENT IF 16 YEARS OR OVER, OR OTHERWISE BY
supplied on this form is true and correct. I have re understand and agree to abide by them. If I am sig Code of Conduct and the Conditions of issue to my	(Print full name) certify that the information ead the Code of Conduct and the conditions of issue and I ming this form as a parent or guardian, I have explained the son/daughter and he/she understands and agrees to abide uspend or withdraw the pass for breaches of the Code of
Student / Parent / Guardian Signature	



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Internet: <a href="mailto:www.martinsalbury.com.au">www.martinsalbury.com.au</a>

Office Use Only			
Notes			
Date			
Amount Pd	 		
Rcpt No			
Method			