

Request for bus travel for 'After School Activities'

During Term 1 / 2017, Year 4 - 12 Students

1 Student Name:

2 Daily Bus Stop:

3 Year Level:

4 Why do you need to catch the Late Bus? (please tick)

Late afternoon service

Sport (specify) ▶

Other activity (specify) ▶

5 Member of Staff in Charge:

6 Which afternoon/s do you need the Late Bus during Term 1, 2017? (please tick)

Mon Tue Wed Thu Fri

7 Parent Signature:

Transport Office Approval

(To be filled out by transport office)

Students Name _____

Late Bus # & Stop _____

Pick up time _____

Days of use _____

Transport Staff member's signature:

**You are authorised to use this Late Bus & Stop
on the days nominated during Term 1, 2017 ONLY**

