Request for bus travel for ‘After School Activities’

During Term 4 / 2016, 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 4, 2016? (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 4, 2016 ONLY