







This form is to be used to purchase a Term Pass for students **not** eligible for a travel pass under the School Student Transport Scheme (SSTS).
If you have any doubts about eligibility under the SSTS, please contact us.
 Term Passes offer a discount of **20% - 30%** from the daily cash fare.
 Passes are also available for an AM or PM only journey at half the full pass cost.

1 SCHOOL	<input type="text"/>																							
2 STUDENT NAME	<input type="text"/>	<input type="text"/>																						
	Surname	Given Names																						
3 ADDRESS	<input type="text"/>																							
	<input type="text"/>	Postcode	<input type="text"/>																					
4 SEX	Male <input type="checkbox"/>	Female	<input type="checkbox"/>																					
5 BIRTHDATE	<input type="text"/>																							
6 CLASS	<input type="text"/>																							
7 EXPIRES AT END OF	Term 1 <input type="checkbox"/>	Term 2 <input type="checkbox"/>	Term 3 <input type="checkbox"/> Term 4 <input type="checkbox"/>																					
8 TYPE OF PASS	Full Pass <input type="checkbox"/>	AM Only <input type="checkbox"/>	PM Only <input type="checkbox"/>																					
9 AMOUNT	\$ <input type="text"/>	If unsure about the cost, please call us.																						
10 PAYMENT METHOD	Cash <input type="checkbox"/>	(Only available at our office)	Cheque <input type="checkbox"/> Money Order <input type="checkbox"/>																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Credit Card</td> <td style="text-align: center;"> <input type="checkbox"/></td> <td style="text-align: center;"> <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Card Number</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td style="padding: 5px;">Expiry Date</td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> <td></td> </tr> <tr> <td style="padding: 5px;">Signature</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td colspan="4" style="text-align: center; padding: 5px;">This form may be faxed to our office if paying by credit card</td> </tr> </table>			Credit Card	 <input type="checkbox"/>	 <input type="checkbox"/>	Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry Date	<input type="text"/>	/	<input type="text"/>		Signature	<input type="text"/>			This form may be faxed to our office if paying by credit card			
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Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
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11 SIGNATURE	<input type="text"/>		DATE <input type="text"/>																					
PARENT / GUARDIAN																								
12 CONTACT DETAILS	Name <input type="text"/>																							
(In case of queries)	Work Phone	<input type="text"/>	Home / Mobile <input type="text"/>																					
	E-mail Address	<input type="text"/>																						