







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%; padding: 5px;"> <tr> <td style="width: 30%;">Credit Card</td> <td> <input type="checkbox"/></td> <td> <input type="checkbox"/></td> </tr> <tr> <td>Card Number</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Expiry Date</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Signature</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: small;">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"/>	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		
Credit Card	 <input type="checkbox"/>	 <input type="checkbox"/>																
Card Number	<input type="text"/>	<input type="text"/>																
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Signature	<input type="text"/>																	
This form may be faxed to our office if paying by credit card																		
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"/>																