

APPLICATION FOR REPLACEMENT OF BUS PASS
FOR FREE SCHOOL TRAVEL

PUPILS NAME _____
(GIVEN NAME) (SURNAME)

ADDRESS _____

NAME OF SCHOOL _____ Year _____

THE BUS PASS ISSUED TO ME / MY SON/DAUGHTER FOR SCHOOL FREE TRAVEL HAS BEEN
LOST / STOLEN / DESTROYED / MUTILATED / DAMAGED

FEE TO BE PAID \$15.00 PER CHILD

SIGNED _____ DATE _____

Please place the completed form inside an envelope along with the \$15.00 fee and ask your child to pass the envelope to the driver. The driver will bring the envelope into the Busabout office. A new bus pass will be issued and posted to your home.

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