

Transit Tours Bus Application & Agreement



PART A – Student Details

(Note: Please complete a separate form for each child catching the bus)

Surname: _____

Given Name(s): _____

Gender: Male / Female

Date of Birth: ____ / ____ / ____ Current School Grade: _____

Bus travel start date: Term 1 Term 2 Term 3 Term 4 (circle starting date)

Requested year to start: _____

WILLIAM CAREY
CHRISTIAN SCHOOL

Bumbera Street Prestons NSW 2170
Ph 9608 2277 Fax 9608 2681
Email adminst@wccs.nsw.edu.au
Website www.wccs.nsw.edu.au

STUDENT HOME ADDRESS

Street Address: _____

Suburb: _____ State: _____ Post Code: _____

PART B – Parent / Carer Emergency Contact Details

PARENT / CARER 1

Surname: _____ Relationship to Applicant: _____

Given Name(s): _____ Gender: Male / Female

Phone (home): _____ Phone (work): _____

Mobile: _____ Email Address: _____

HOME ADDRESS (if different from Student details above)

Street Address: _____ Home Phone: _____

Suburb: _____ State: _____ Post Code: _____

POSTAL ADDRESS (if different from student or parent /carer home address details above)

Street Address: _____

Suburb: _____ State: _____ Post Code: _____

PARENT / CARER 2 *(if applicable)*

Surname: _____ Relationship to Applicant: _____

Given Name(s): _____ Gender: Male / Female

Phone (home): _____ Phone (work): _____

Mobile: _____ Email Address: _____

HOME ADDRESS *(if different from Student or parent / carer 1 details above)*

Street Address: _____ Home Phone: _____

Suburb: _____ State: _____ Post Code: _____

POSTAL ADDRESS *(if different from home address details above)*

Street Address: _____

Suburb: _____ State: _____ Post Code: _____

PART C – Application, Declaration and Agreement

- I / we confirm that all the information provided in this document and all the attached documentation is true and correct.
- I /we have read the bus Code of Conduct and agree to abide by it and have explained this Code to my son / daughter who also agrees to abide by it.
- I / we understand that all information obtained herein is to be used solely for the purposes of contacting parents / carers in the event of an emergency and agree to release this information to Transit Scenic Tours Pty Ltd for such purposes.
- I /we understand that the bus travel fees will be paid by William Carey on our behalf and, in turn, will be invoiced to me/us for payment a term in advance. This will show separately on the invoice each term.
- I / we understand that cancellation of this agreement must be made in writing and that any cancellation made within the term will not result in any refund of term travel fees already invoiced.

SIGNED

Parent / Carer 1: _____ Date: ____/____/____

Parent / Carer 2: _____ Date: ____/____/____