

We provide a safe, clean, efficient, professional school transport service  
Operator Accredited No: 107834

## TRAVEL REQUEST FORM

Please complete and return this form to the bus driver if you wish to use the  
**Hinter-Coast Transport School Bus Service.**

**Parent/Guardian Details:**

<b>Surname:</b>		<b>First Name:</b>	
<b>Address:</b>		<b>Email Address:</b>	
Suburb:			
Postcode:			
<b>Home Phone</b>		<b>Mobile Phone:</b>	

**Student Details:**

Surname	First Name	School	Year Level

**Expected use of bus:**

Please tick boxes to indicate the journeys your child/children will travel on the bus

Childs Name	Monday		Tuesday		Wednesday		Thursday		Friday	
	A	P	A	P	A	P	A	P	A	P
	M	M	M	M	M	M	M	M	M	M



• Bus charter services • Reliable & Professional • Your safety is assured

### Conditions of travel

If payment has not been received by the due date a late payment fee of \$50.00 will incur.

### Bus fares

We base our fares on a combination of a 'per-seat' amount and the distance travelled. The distance part of your child's fare will be determined by the distance from the normal pick-up point to the school attended. Payment is required by the Term, we do not offer reductions for school camps or activities. If you are planning holidays and we receive prior notice we will happily reduce the Terms fees. **A late payment fee is charged if payment has not been received by the invoice due date.**

On receipt of this form we will advise of the amount payable.

**Payment can be made by Cash, Cheque, Credit Card or Direct Deposit**  
Bank Details: ANZ Bank  
BSB: 014 650 Account Number: 459907255  
Please assist by using your name as a bank reference

(We do not accept responsibility for any cash prior to it being handed to the driver. Cash should be in a clearly identified envelope with the amount you have enclosed written on the outside.)

If your child wishes to have a friend accompany them at any time, the driver should be notified and payment must be made in cash.

### Emergency Contact Details

As part of our Quality Assurance for the School Bus Service please provide home and mobile contact details, therefore in the event of an emergency we will have the best chance of being able to contact you.

Home Phone	Work Phone	Mobile

### Medical Conditions

If your child has any special medical conditions that the bus driver should be aware of, please make note of this below. Also note any action that is needed, eg. Child is allergic to bee stings and will need to take medication immediately, eg Hinter-Coast Transport to contact a doctor immediately etc.

Childs Name	Condition	Action

### Enquires

Please return this form by email or by handing it to our friendly driver:

email: [info@hinter-coast-transport.com](mailto:info@hinter-coast-transport.com)

T 1300 658 971 M 0410 602 632

e: [info@hinter-coast-transport.com](mailto:info@hinter-coast-transport.com) f: [www.hinter-coast-transport.com](http://www.hinter-coast-transport.com)

ABN : 789 695 967 01