



APPLICATION FOR SSTS REPLACEMENT PASS

STUDENT'S NAME _____
(SURNAME) (GIVEN NAMES)

HOME ADDRESS _____

_____ **PHONE** _____

SCHOOL YEAR _____ **DATE OF BIRTH** _____

NAME OF SCHOOL _____

I have enclosed a payment of \$11.00* (GST inclusive) as the prescribed fee for the replacement of a bus pass.

I understand that it is a breach of the SSTS Code of Conduct to alter, deface, misuse or fraudulently obtain a bus pass and I have explained this to my son/daughter.

I agree that the bus pass remains the property of Deane's Buslines and should I recover the lost pass I will return it immediately to PO Box 6066, Queanbeyan NSW 2620.

(Student / Parent / Guardian's Signature)

(Date)

OFFICE USE ONLY

Payment Rec'd by Cash Cheque Credit Card

Date Rec'd _____

Issue Date _____

Issued By _____

* This fee is determined by the NSW Department of Transport