

Please enclose
passport size
photo.

Request for Student Bus Pass

(Please complete one form per student)

No. 00

Students Details:

Students Name: _____

Name to appear on bus pass:
(if different from above) _____

Date of Birth: _____

Address: _____

Contact Phone Number: () _____

Education Provider Details:

Education Provider:
(school) _____

Address: _____

Contact Name and Number:
(tutor / teacher) _____

Return Address for Student Bus Passes:

Student

(address as above)

Education Provider

(address as above)

Enclosed \$20.00 per card, to be paid at time of request.

(Cheques payable to Waikato Regional Council).

Receipt Required:

Waikato



Received From: _____

The sum of: _____

\$

Being: Payment for 1 X Student Bus Pass.

Signed: _____

Date: _____

OFFICE USE ONLY

No. 00

GL CODE

1	-	L	T	-	1	8	0	-	L	T	1	8	0	-	1	8	6	2
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Received From: _____

The sum of: _____

\$

Being: Payment for 1 X Student Bus Pass.

Signed: _____

Date: _____