# Application for Transport Assistance CHANGE OF DETAILS

## I. Family Details

Child's Date of Birth	Day	Month	Year
. Details to be updated	C	io to Section:	
Bank Account Details	_	3	
Contact Details (including phone, email, mobile)		4	
Alternative Contact Details	5		
Bank Account Details			
<b>. Bank Account Details</b> Name of Bank or Financial Institution			
Name of Bank or Financial Institution Name of Bank Account (e.g. John Smith)			
Name of Bank or Financial Institution			

# 4. Contact Details

Home Phone			
Work Phone			
Mobile Phone			
Fax (optional)			
Email Address		 	

#### 5. Alternative Contact Details

Please provide the names and details of at least two (2) contacts - these are people who:

- will be within close proximity to the bus route at the times the student will be travelling; and
- would be able to take care of your child on the rare occasions that you are not home to meet the bus due to unforseen circumstances

Note: you must obtain permission from the people you nominate as alternative contacts before you nominate them.

#### **Contact I:**

Jame	
lesidential Address	
hone	
1obile	
lelation	

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### Contact 2:

Name
Residential Address
Phone
Mobile
Relation
Contact 3 (optional):
Name
Residential Address
Phone
Mobile
Relation

## 6. Declaration

I declare that I have provided all relevant information concerning this form.

Name (please print)				
Signature	Date	/	/	

#### Once completed and signed, send to:

School Bus Services P.O. Box 8125 Perth Business Centre Western Australia, 6849

Or fax to: 9326 2781

