

**School Bus Change of Address / Contact Details Form**

Name of Student	Class

Note: Parents must inform the Transport Office and provide 2 weeks notice for a change of address

A stop/change charge of \$30 per child/student shall be levied in the event of premature termination of service during the term, or any change of address or pickup-point for each occasion of change.

Date effective from: \_\_\_\_\_

**New Address and Contact Details:**

Block No. / Unit No.	
Building/Condo Name	
Street Name	
Postcode	
Contact Telephone No.	
Mobile No. (Parent/Guardian 1)	
Mobile No. (Parent/Guardian 2)	

Old Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by:

\_\_\_\_\_

Signature over Printed Name

\_\_\_\_\_

Date Submitted

*For official use only*

Date received	Received by (Coordinator)