

Shoalhaven Student Pathways Pass Application Form

School/Parent Authorisation

School:

Student name:

Student address:

Phone number:

Travel origin & destination:

The course number (if applicable): or

Place of work experience or school approved learning activity:

.....

Travel days/dates and times:

.....

Name & signature of school authorised person:

Name: Signature:

Parent/Carer authorization for the above student to travel as per the above travel arrangements - signed by the parent/guardian

Parent/Carer name:Signature:

Operator Details/Approval

Operator A (name) who authorises the travel arrangements.
Signature operator A:
who issued the current SSTS pass (*If applicable, then forwards to connecting operator*).

Operator B (name) to be sent a copy for authorisation on their service.

Signature operator B

Pass number issued. Valid until.....