TransportMe Smart Card Application



STUDENT 1	Full Name:											
	School Atter	ding:										
	Date of Birth:					Year Level:						
STUDENT 2	Full Name:											
	School Attending:											
PARENT/GUARDIAN	Date of Birth:				Year Level:							
	First Name:					Surname:						
	Street Add	ess:										
	Suburb:				Postal Code:							
	Mobile:											
	Email:											
	P O Box:				Suburb:							
	New					Lost		<u> </u> [Damage	ed		
Reason for Application	\$14.00 (inc	ard,	\$12.00 (inc gst) for smartcard only									
		call our	office or		to make easy payment by credit card							
	#2 New Smartcards will receive \$10.00 credit applied (except STAS eligibility and SafetyNet card holders.)											
By signing this applicat requirements in the cood damage caused by my	de of conduc	. I furth	ner agree	e that I will be	e responsi	ble fo	r the cost to r	epair	or repla	ace any wil	ful	
Signature of Parent/Guardian:					Printe	Printed Name:						
OFFICE US	E ONLY:											
						Card No 2:						
Amount Paid \$					Credit A	Credit Applied \$10.00 (If applicable)						
Fare Based	KM Base	d		PAYG	Safety Net			Invoice				