

## Bus Cancellation Form

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Please read "Condition of Bus Cancellation" before signing this document. Complete all sections in BLOCK CAPITALS.

Office Use Only:			
Student Code:	Family Key:		
Form Checked: Date:	Initial:	Bus Cancelled: Yes	
System Updated: Date:	Initial:	Cancellation Date:	
Bus Driver Informed: Date:	Initial:	Used Bus: Way Way	
Adjustment To Finance:	•		
Statement of Invoice Date:	Initial:	Effective From:	
Account Master File Date:	Initial		
SECTION 1 - BUS DETAILS			
Cancellation Date:	Effective Dat	e:	
Used Bus for: : 1 Way1/pm 2	Way		
SECTION 2 - STUDENT DETAILS			
1. Surname	Given Name	Class	
2. Surname	Given Name	Class	
3. Surname	Given Name	Class	
4.	Given Name	Cluss	
Surname 5.	Given Name	Class	
Surname Surname	Given Name	Class	
SECTION 3 - CURRENT ADDRESS DETAILS			
Street No./Name:			
Suburb:		Post Code:	
Contact Details			
Contact Name:			
Phone: ( )	Mobile:		

## SECTION 4 - CONDITIONS OF BUS CANCELLATION

- It is the parents' responsibility to ensure that the bus <u>account is finalised</u> before the service is cancelled, Unpaid fees will be sent to debt collectors.
- All bookings are for a **fixed full term**.
- All cancellations are to be made through the office not by word of mouth and are to be made 2 weeks in advance
- If you wish to cancel the bus during the term without the 2 weeks notice., you will **still be billed for the full term.**
- If the parent applies for an extended leave, and chooses to cancel the bus service, fees will be calculated on a pro-rata basis, however if the parent wants to hold the service, normal fees will be charged.

## **SECTION 5 – DECLARATION**

I certify that the above information given herein by me is correct. I have read and note the above "Conditions of Bus Cancellation" and I agree to be bound by these conditions.

Parents/Guardian Full Name:	
Relation to Children:	
Parent/Guardian Signature:	Date: