

**APPLICATION FOR SUBSIDISED
LAKESIDE BUS PASS
25%**



OFFICE USE ONLY

| | |
|-----------------------|---|
| STUDENT ID | |
| DATE RECEIVED | |
| AMOUNT OUSTANDING | £ |
| DATE SENT TO LAKESIDE | |

1. PERSONAL DETAILS

FORENAME

SURNAME

STUDENT ID

TELEPHONE

MOBILE

EMAIL

HOME ADDRESS

2. COURSE DETAILS

PLEASE STATE YOUR CHOSEN COURSE:

IS YOUR COURSE AVAILABLE AT A CLOSER COLLEGE?

YES

NO

IF NO, HAVE YOU APPLIED TO SHROPSHIRE COUNCIL FOR TRAVEL PASSES?

YES

NO

WHERE IS YOUR CLOSEST PICK UP POINT?

SIGN

PRINT

DATE