

SCHOOL BUS APPLICATION FORM

The form is designed to be filled out by the **PARENT OR GUARDIAN** of the child who will be using the service.

When returning the questionnaire, please attach a recent passport style photo of your child for his/her Bus Pass. Please ensure you have signed and dated this form.

Please return to Aldworth School

Name of Child:			
Home Address:			
Postcode:			
Child's Date of Birth:		Year Group:	

Parent/Guardian's Name:	
Relationship to Child:	
Daytime telephone number:	
Mobile telephone number:	
Alternative Parent/Guardian's Name:	
Relationship to Child:	
Daytime telephone number:	
Mobile telephone number:	

Chosen Pick-up point:

Type of pass required (please circle):		
Morning	Afternoon	Both Ways

Any medical conditions the driver will need to be aware of:

Signature of Parent/Guardian: *In signing up to use the bus service you and your child are accepting Aldworth School's code of conduct (available on the school website):*

Parent/Guardian:

Date:

Child:

Date: