

SCHOOL BUS APPLICATION FORM

Name of Child:	
Home Address:	
Postcode:	
Year Group:	

Parent/Guardian's Name:	
Relationship to Child:	
Daytime telephone number:	
Mobile telephone number:	
What date do you want to start using the bus?	

Preferred Pick-up point (see route timetable):

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

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

Parent/Guardian: _____ Date: _____

If you wish to stop using the bus, 3 months' notice must be given and the bus pass returned at the end of that period.

If your child loses their pass, please inform the Finance Office, and a replacement pass costing £5.00 will be issued.