

STAFFORD GRAMMAR SCHOOL

**School Transport Service Request**

**I confirm that my child(ren)**

|  |  |
| --- | --- |
| **Name** | **Class / Academic year** |
| . Click here to enter text | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

**Wish to use the Stafford Grammar School bus service from:**

|  |  |  |
| --- | --- | --- |
| **a.m.** | Click here to enter text. | (pick up point) |
| **p.m.** | Click here to enter text. | (drop off point if different from above.)\* |

\*Please note that thedriver is only allowed to drop off at specified destinations: Due to numbers travelling, it may be necessary to transfer your child to an alternate route.

Please specify your requirements for the year if not full time, failure to do so will result in you being invoiced for a daily return journey i.e. do you require your child to travel on the bus every day or only on specified days:

|  |
| --- |
| Click here to enter text. |
| Click here to enter text. |

**Please indicate in transport is no longer required**

**6th Form students –** please mark as ‘Provisional’ if use is dependent on exam results. Due to high demand on some routes, if you have not registered then it is possible that there may not be a place for your child on the bus.

**Contact Information:**

|  |  |
| --- | --- |
| **My daily contact telephone number is** | Click here to enter text. |
| **My emergency contact telephone number is** | Click here to enter text. |

The above information is required for Health and Safety purposes.

Your daily contact number will be passed on to the driver, unless otherwise requested.

**I do not wish my daily contact number to be passed on to the driver**

In understand that a half term’s notice is required, in writing, if I wish my son/daughter to stop using the school bus service.

I have read and understood the conditions and priority of use laid out in the accompanying letter to this form.

I agree to pay, in accordance with the fare information provided, upon receipt of a school invoice.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** | Click here to enter text. | **Date** | Click here to enter a date. |

**Please return to Mr D Potts (Transport Manager) or email** **transport@staffordgrammar.co.uk**