

BUS ROUTES – 2017-2018

LEICESTER GRAMMAR SCHOOL TRUST



RESERVATION FORM

Please complete in BLOCK CAPITALS

PLEASE RETURN THIS FORM TO THE BUS COORDINATOR (<u>not</u> to the School) FOR CHOSEN ROUTE. Bus coordinators are listed on the School website at www.leicestergrammar.org.uk or contact the School reception to find out the contact details of the coordinator for the bus route required.			
Please indicate whether this is a new request or an amendment to current details (please tick).			
New request:	<input type="checkbox"/>	Amendment to current details	<input type="checkbox"/>
Name of Child			
Date of Birth		Year Group	
<i>Please complete a separate form for each child.</i>			Male: <input type="checkbox"/>
			Female: <input type="checkbox"/>
Name of Parent/Guardian			Title: <input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>		
Home Telephone	<input type="text"/>		
Daytime Telephone	Mobile: <input type="text"/>	Work: <input type="text"/>	
Email	<input type="text"/>		
Bus Route No.	<input type="text"/>		
Pick up Point	<input type="text"/>		
Term and year from which transport is required	<input type="text"/>		
Travel required (Please tick)	<input type="checkbox"/> am only	<input type="checkbox"/> pm only	<input type="checkbox"/> Return journey
Signed:	Print name:	Date:	
For use by Bus Coordinators only:			