BUS ROUTES

LEICESTER GRAMMAR SCHOOL TRUST



RESERVATION FORM

Please complete in BLOCK CAPITALS

| PLEASE RETURN THIS FORM TO THE BUS COORDINATOR (NOT to the School) FOR CHOSEN ROUTE. | | | | |
|---|---------------|------------|--------|------------|
| Bus coordinators are listed on the School website at <u>https://www.lgs-senior.org.uk/bus-routes</u> 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: Amendment to current details | | | | |
| New request. | | | | |
| Name of Pupil | | | | |
| Date of Birth | | Year Group | | |
| Please complete a separate form for each child. | | | Male: | Female: |
| Name of Parent/Guardian | | | Title: | |
| | | | | |
| Address | | | | |
| | | | | |
| Postcode | | | | |
| Home Telephone | | | | |
| Daytime Telephone | Mobile: Work: | | | |
| Email | | | | |
| Bus Route No. | | | | |
| Pick up Point | | | | |
| Term and year from which transport is required | | | | |
| Travel required (Please tick) | am only | pm only | Retu | rn journey |
| | | | | |
| Signed: | Print name: | | ate: | |
| For use by Bus Coordinators only: | | | | |
| | | | | |
| | | | | |
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