

Child's Name:

Year :

House:

IMPORTANT
PLEASE CONFIRM YOUR REQUIREMENTS FOR THE BUS SERVICE

Route 3:

Mornings

- 07.25 Skipton
- 07.35 Gargrave
- 07.40 Coniston Cold
- 07.45 Hellifield
- 07.55 Long Preston

Evenings

- 18.20 Long Preston
- 18.25 Hellifield
- 18.30 Coniston Cold
- 18.35 Gargrave
- 18.45 Skipton

Please indicate which days of the week you wish to use the service:

Mornings

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Evenings

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Fares - charged via school bill, in advance

From Skipton	Zone 3
Gargrave	Zone 3
Coniston Cold	Zone 2
Hellifield	Zone 2
Long Preston	Zone 1

Signed: _____ Date: _____

Address: _____

Contact Tel. No _____

Please complete & forward to:
Mrs A P Harrison, Giggleswick School, Settle, BD24 0DE.
Tel 01729 893001 email apharrison@giggleswick.org.uk