

Child's Name: _____ Year: _____ House: _____

IMPORTANT
PLEASE CONFIRM YOUR REQUIREMENTS FOR THE BUS SERVICE

Route 6:

Mornings

- 07.35 Clitheroe
- 07.45 Spread Eagle
- 07.50 Copy Nook CP
- 07.55 The Plough
- 08.00 Rathmell

Evenings

- 18.20 Rathmell
- 18.25 The Plough
- 18.30 Copy Nook CP
- 18.40 Spread Eagle
- 18.50 Clitheroe

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: Clitheroe	Zone 3
Sawley	Zone 3
The Plough	Zone 2
Rathmell	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

