

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

IMPORTANT
PLEASE CONFIRM YOUR REQUIREMENTS FOR THE BUS SERVICE

Route 1:

Mornings

- 07.20 Levens
- 07.25 Crooklands
- 07.40 Kirkby Lonsdale
- 07.45 Cowan Bridge
- 07.50 Ingleton
- 08.00 Austwick

Evenings

- 18.20 Austwick
- 18.30 Ingleton
- 18.35 Cowan Bridge
- 18.45 Kirkby Lonsdale
- 18.55 Crooklands
- 19.00 Levens

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: Levens | Zone 4 |
| Kirkby Lonsdale, Cowan Bridge | Zone 3 |
| Ingleton | Zone 2 |
| Austwick | 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