

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

IMPORTANT
PLEASE CONFIRM YOUR REQUIREMENTS FOR THE BUS SERVICE

Route 2:

Mornings

- 07.15 Kilnsey
- 07.25 Grassington
- 07.30 Threshfield
- 07.35 Cracoe
- 07.40 Hetton

Evenings

- 18.40 Hetton
- 18.45 Cracoe
- 18.50 Threshfield
- 18.55 Grassington
- 19.00 Kilnsey

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 Grassington, Threshfield, Cracoe, Hetton Zone 4

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