

Child's Name:

Year:

House:

IMPORTANT
PLEASE CONFIRM YOUR REQUIREMENTS FOR THE BUS SERVICE

Route 4:

Mornings

- 07.20 Ilkley
- 07.30 Addingham

Evenings

- 19.00 Addingham
- 19.10 Ilkley

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: Ilkley, Addingham

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