

Child's Name: \_\_\_\_\_ Year : \_\_\_\_\_ House: \_\_\_\_\_

**IMPORTANT**  
**PLEASE CONFIRM YOUR REQUIREMENTS FOR THE BUS SERVICE**

**Route 5:**

- | <b><u>Mornings</u></b>                      | <b><u>Evenings</u></b>                      |
|---|---|
| <input type="checkbox"/> 07.20 Foulridge    | <input type="checkbox"/> 18.35 Gisburn      |
| <input type="checkbox"/> 07.25 Colne        | <input type="checkbox"/> 18.45 Barnoldswick |
| <input type="checkbox"/> 07.35 Barnoldswick | <input type="checkbox"/> 18.55 Foulridge    |
| <input type="checkbox"/> 07.45 Gisburn      | <input type="checkbox"/> 19.00 Colne        |

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

- | <b><u>Mornings</u></b>             | <b><u>Evenings</u></b>             |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Monday    |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Tuesday   |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> Thursday  |
| <input type="checkbox"/> Friday    | <input type="checkbox"/> Friday    |
| <input type="checkbox"/> Saturday  |                                    |

**Fares - charged via school bill, in advance**

From Colne	Zone 4
Foulridge	Zone 4
Barnoldswick	Zone 3
Gisburn	Zone 3

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](mailto:apharrison@giggleswick.org.uk)**