

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

IMPORTANT
PLEASE CONFIRM YOUR REQUIREMENTS FOR THE BUS SERVICE

Route 7:

Mornings

- 07.05 Lancaster
- 07.20 Caton
- 07.25 Wray
- 07.35 Hornby
- 07.40 Mellin
-

Evenings

- 18.45 Mellin
- 18.55 Wray
- 19.05 Hornby
- 19.15 Caton
- 19.25 Lancaster
-

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: Lancaster, Caton
Hornby, Melling, Wennington
Bentham

Zone 4
Zone 3
Zone 2

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