

**Child's Name:**

**Year:**

**House:**

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

**Route 8:**

**Mornings**

- 07.10 Menwith Hill
- 07.15 Blubberhouses

**Evenings**

- 19.10 Blubberhouses
- 19.15 Menwith Hill

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: Menwith Hill, Blubberhouses

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