

Change of BUS service – school year 2022/23

I _____
(Parent's name and surname)

declare that my child _____
(Child's name and surname)

Class _____ Teacher _____



WON'T BE USING THE BUS

on ___/___/20__

Or

each Monday each Tuesday each Wednesday each Thursday each Friday

Starting from ___/___/20__

In this occasion my child will be collected by _____

ID copy is attached

Date Parent's signature.....