

CHANGE OF BUS SERVICE
SCHOOL YEAR 2024/25



I _____ (Parent's name and surname)

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

Class _____ Teacher _____

WON'T BE USING THE BUS on _____ / _____ / _____ (Date)

each Monday each Tuesday each Wednesday each Thursday each Friday

I therefore give authorisation to _____ (Name and surname)

to collect my child from school.

Date _____ Parent's Signature _____

***copy of the ID/passport of the authorised person has to be attached unless it has already been submitted.**
