

CHANGE OF BUS SERVICE

SCHOOL YEAR 2025/26



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.**

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