PERMISSION TO TRAVEL ON SPEEN BUS
Child's Name
Travel Date
Time: (am) □ (pm) □ Cost: £2
PUPILS MUST BEHAVE WELL ON THE TRANSPORT AT ALL TIMES – APPROPRIATE ACTION WILL BE TAKEN AGAINST CHILDREN WHO MISBEHAVE ON VEHICLES
I accept responsibility for my child while he/she travels from school on the transport provided.
Name of Parent/Guardian
Signature
Ticket Number: Paid:
PERMISSION TO TRAVEL ON SPEEN BUS
Child's Name
Travel Date
Time: (am) □ (pm) □ Cost: £2
PUPILS MUST BEHAVE WELL ON THE TRANSPORT AT ALL TIMES – APPROPRIATE ACTION WILL BE TAKEN AGAINST CHILDREN WHO MISBEHAVE ON VEHICLES
I accept responsibility for my child while he/she travels from school on the transport provided.
Name of Parent/Guardian
Signature
Ticket Number: Paid