



MyBus Primary School Application Form (Valid September 2011- July 2012)

Please see the enclosed 'help' leaflet for guidance on completing this form. **Complete in BLOCK CAPITALS.**

ROUTE NUMBER (IF KNOWN)

START DATE TO COMMENCE TRAVELLING (MANDATORY)

Week Commencing Monday:.....

1. YOUR CHILD'S DETAILS (MANDATORY)

School Attended:

1 Child's Name : Date of Birth (dd/mm/year)/...../.....

2 Child's Name : Date of Birth (dd/mm/year)/...../.....

3 Child's Name : Date of Birth (dd/mm/year)/...../.....

2. YOUR MAIN CONTACT DETAILS (MANDATORY)

To be used as the main point of correspondence. List a **MAXIMUM OF TWO PERSONAL NUMBERS**. These can be home, mobile or both but **NOT work numbers** and must be able to accept incoming calls. **We cannot register your child without at least one contact number.**

Name of Parent/Carer No. 1:

Name of Parent/Carer No. 2:

Address:

..... Post Code:

First Main Contact Tel No: Second Main Contact Tel:

3. ALTERNATIVE CONTACTS (OPTIONAL)

List **ONE** additional person who may contact us on your behalf or whom we may contact in emergency. Please list only **ONE** principal personal contact number.

Name of Person: Tel No:

Relationship to child:

NB: OUR CUSTOMER SERVICES CAN ONLY DISCUSS OR CHANGE YOUR CHILD'S RECORDS WITH THE NAMED INDIVIDUALS IN SECTIONS 2 AND 3 ABOVE. THEY MUST PASS SECURITY QUESTIONS WHEN CALLING US.

4. ACCOMPANIMENT AT THE BUS STOP (OPTIONAL)

By default, we will register all children to be met at the bus stop. If your child is **eight years of age or older**, you can optionally register your child to alight alone. Please tick this box to indicate your child will not be met at the stop.

NB: Children under 8 years of age with an older sibling aged 8 or over registered on the same bus can be allowed to alight accompanied by that older sibling provided they travel together. However, if the child under 8 travels alone, that child must be met at the stop. Tick the box above to indicate this.

Nominate **MAXIMUM FOUR PERSONS** who we will list on the driver's register who in addition to yourself may collect your child(ren) from the bus stop.

Person No. 1: Person No. 2:

Person No. 3: Person No. 4:

5. DAYS OF TRAVEL AND BUS STOPS REQUIRED (MANDATORY)

If your child will travel to a **regular, weekly pattern**, place an 'X' in the boxes below indicating the days you wish to travel and which bus stop will be used.

If your child will travel to an **irregular pattern or to a different pattern each week**, we will register your child as 'AD HOC'. This means your child's name will appear on the register but marked as not travelling. Parents must contact the call centre in advance of travel to notify us of your intention to travel.

For both regular and irregular travel: If your child wishes to use an additional bus stop (for example, when visiting a relative one day each week), you can select an additional stop to register your child against.

Main Bus Stop (MANDATORY)

Tick to indicate 'AD HOC' travel and leave the days of travel below blank but still complete the bus stop number.

	BUS STOP NUMBER	M	Tu	W	Th	F
AM Pickup	450-					
PM Set Down	450-					

Additional Bus Stop (OPTIONAL)

Tick to indicate 'AD HOC' travel and leave the days of travel below blank but still complete the bus stop number.

	BUS STOP NUMBER	M	Tu	W	Th	F
AM Pickup	450-					
PM Set Down	450-					

6. ADDITIONAL INFORMATION (OPTIONAL)

Please include below any other relevant information you may feel we or your driver needs to be made aware of regarding your child's registration, for example, medical issues. NB: This detail will be added to the driver's register unless you request otherwise.

.....

Tick to indicate you do not wish this detail to be added to the driver's register.

7. SIGN TO COMPLETE THE APPLICATION (MANDATORY)

I confirm the following:

- I have completed all mandatory sections of the application form.
- I have understood the Parents Contract and agree to follow its requirements.
- I have understood and explained to my child the Code of Conduct and the consequences of misbehaviour.

Signed (parent or carer):

Name (Print): Date:

Please return BOTH pages of the application form only (keep the help document and Parents' Contract for your own reference) to:

Post: Education Transport, Metro, Wellington House, 40-50 Wellington Street, Leeds LS1 2DE.
Fax: 0113 2517327

Once we have processed your application, we will write to you with a date to commence travelling. We are sorry, but children will not be permitted to travel until you have received this notification of registration.