



NORTON CANES HIGH SCHOOL

Aspire, Achieve, Expect to Succeed

SCHOOL TRANSPORT – 2018/19 ACADEMIC YEAR

STUDENT DETAILS		
Full Name/s:		Date/s of Birth: 1: _____ 2: _____
Home Address:		Child 1: 2018/19 Year Group:
Type of Journey Required:		7 8 9 10 11 Please circle appropriate year group
Single – AM	Single – PM	Return – AM & PM
AM Stop:		Child 2: 2018/19 Year Group:
PM Stop:	(if different to AM stop)	7 8 9 10 11 Please circle appropriate year group

EMERGENCY CONTACT DETAILS	
Contact One - Name:	
Relationship to Student:	
Contact Telephone Number:	
Contact Two - Name:	
Relationship to Student:	
Contact Telephone Number:	

I CONFIRM THAT I WISH TO RESERVE A SEAT ON THE TRANSPORT SERVICE FOR THE 2018/19 ACADEMIC YEAR AND HAVE:

- Paid my deposit by ParentPay (existing students)
 Enclosed cash/cheque for the correct deposit amount

SIGNED: _____
(Person with parental responsibility)

DATE: _____

PRINT: _____