



Change of BUS service – school year 2017/18

I _____ declare that my child

(Parent's name and surname)

_____ class _____ teacher _____

(Child's name and surname)

WON'T BE USING THE BUS

on ___/___/20__

Or

each Monday each Tuesday each Wednesday each Thursday each Friday

Starting from ___/___/20__

In this occasion my child will be collected by _____

ID copy is attached

Date Parent's signature.....