



## TRANSPORT SERVICES APPLICATION

*Completion of this form does not guarantee a seat for your child in the bus.*

DATE OF APPLICATION

### PARENTAL/GUARDIAN INFORMATION

Surname:

Name(s):

Physical address:  Post code:

Postal address:  Post code:

Cell number:  Email:

Alternative contact person:  Cell number:

### STUDENT(S) DETAILS *(in case you have more than one child)*

Surname:

Name(s):  Student number:  Grade:

Name(s):  Student number:  Grade:

Name(s):  Student number:  Grade:

### BUS PICKUP POINTS *(please tick the applicable pickup point in one of the boxes)*

#### ROUTE 1A PICKUP POINTS (60 SEATER)

TRAFFIC DEPARTMENT (DR MOROKA DRV) (06:10 am)

RUTANANG SCHOOL (DR MOROKA DRV) (06:20 am)

WATERFALL MALL (06:45 am)

#### ROUTE 1B PICK UP POINTS (35 SEATER)

METHODIST CHURCH (BRINK STR) (06:30 am)

SAFARI SPAR (06:40 am)

WATERFALL MALL (06:45am)

*Both buses will depart from Waterfall Mall at 06:45*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email transport department to [transport@lebonecollege.co.za](mailto:transport@lebonecollege.co.za)

***A month's written notice is required when withdrawing a student from the bus.***