



TRANSPORT SERVICES APPLICATION

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

GRADE

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

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