

SCHOOL BUS REGISTRATION FORM

Student's name: _____ Date of birth ____/____/____

Address: _____ Year Group/class: _____

Post Code: _____ Town: _____

PARENT'S/GUARDIAN'S NAME	TELEPHONE NUMBER

e-mail: _____

The people listed below are authorised to pick up the student from the bus stop:

NAME / ID	TELEPHONE NUMBER	RELATIONSHIP TO CHILD

Parent's/Guardian's Signature: _____ Date: ____/____/____

According to the Spanish Organic Law of Personal Data Protection 15/1999, 13th of December, all the personal data provided on this form will be owned by Amanda Bus in order to have a place on the bus. We inform you that your information could be shared with Public Administration and the insurance company. Please notify us of any changes.

Amanda Bus

IN THE TABLE BELOW PLEASE INDICATE THE BUS STOPS AND BUS ROUTE NUMBERS YOU REQUEST

	MORNING(BUS STOP)	BUS NUMBER	AFTERNOON(BUS STOP)	BUS NUMBER
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

OBSERVATIONS: _____

ONLY COMPLETE BELOW IF YOU ARE IN AGREEMENT WITH:

MR/MRS, _____ ID _____
 as father / mother / legal guardian of student _____

I hereby authorise my son/daughter to be left at the bus stop alone without a parent/guardian or an authorised adult at the bus stop. I hereby absolve Amanda Bus and Canterbury School of all responsibility.

Parent's/Guardian's Signature: _____ Date: ____/____/____