

# Grahams of Kelvedon Booking Form

Academic Year 2016/17

## SAFETY FIRST

I the undersigned agree to the following safety guide lines.

Name of Student .....

The Route the Student will be travelling on .....

1. **S**tay in your seat for the duration of the journey.
2. **A**pproach the bus only after it has come to a complete stop.
3. **F**ollow the drivers' instructions.
4. **E**nsure you are as visible as possible when the bus is approaching.
5. **T**ake care when getting on and off the bus.
6. **Y**ou always arrive at your stop 5 minutes before your allotted time.
7. **F**ind your seat as quickly and safely as possible.
8. **I** will not cause any damage to the bus or I may be liable for the cost of repair.
9. **R**emember to take all your belongings off with you.
10. **S**eatbelts must be worn at all times.
11. **T**ry not to make sudden loud noises as this can be a distraction to the driver.

Student Signature .....

Date .....

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## CONTACT

As part of our improving school travel, we welcome an input from both parents and students; in return, we will ensure that travel will be safe and enjoyable to the place of study.

Your contact details are required, as we are obliged to contact you in the event of any difficulties, e.g. delays/non-operation of the vehicle or student non-travel. You should note that all details are held in confidence in accordance with the Data Protection Act 1998.

Please complete these two forms to enable us to keep all parties informed. That way we can ensure better attitude towards travel on the School buses.

Please return forms to:  
Elizabeth Hill  
Business Manager  
Colchester High School  
Wellesley Road  
Colchester  
Essex  
CO3 3HD

**Please print the following information clearly in black ink. This form is for Maldon and Braintree routes only.**

Route the student will be travelling on .....

Boarding Point.....

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Parent/Guardian Name.....

Home No. .... Mobile No. ....

Email Address .....

Student Name .....

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To notify us of your son/daughter's absence or delay, please contact the School Bus Manager, **Grahams Of Kelvedon Travel on 01376 570150..** We also recommend that this number be programmed into students' mobile phones so that they can contact the manager in confidence at any time in the unlikely event that any difficulties arise.

F.A.O Elizabeth Hill  
Business Manager  
Colchester High School  
Wellesley Road  
Colchester  
Essex  
CO3 3HD

### Procedures for transport of children under 12

**Children under 10 are required to be met by a parent/guardian at the bus stop. Children 10-12 may walk home unattended only if a parent has signed a release form to state they have permission.**

**All children 12 and older may walk home unattended unless otherwise noted by a parent due to special circumstances**

I am the parent/guardian of \_\_\_\_\_ who is \_\_\_\_\_ years old, and travels on your services for Colchester High School.

\*(If between 10-12 years old) I do not require him/her to be collected. (Please delete if you still wish them to be met from the bus stop. In all cases please complete emergency contact details below.)

\*If applicable, the following people, including myself, are those I wish to nominate to collect my child and be contacted in an emergency.

\*Delete as appropriate

Name	Boarding Point	Relationship	Contact Number

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

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