

The Ashby School Bus Pass Application Form

VIKING TRAVEL

Bus Pass Holder Details

| | |
|-------------|--------------|
| First Name: | Surname: |
| Route: | School Year: |
| Bus Stop: | |

Address

| | |
|-----------------|-----------------|
| Address line 1: | Address line 2: |
| Village/Town: | County: |
| Postcode: | |

Parent/Guardian Details

| | |
|-----------------|-----------------------------------------------------------------------|
| Full Name: | Relationship: |
| Home Phone: | Mobile Number: |
| E-mail: | Payment: (Delete as appropriate) Option 1 / Option 2 (instalments) |
| Notes/Comments: | |

We at Viking Coaches Ltd take your privacy seriously and will only use your personal information to administer your account and to provide the products and services you have requested from us.

However, from time to time we may need to contact you with details of changes to the services we provide. We will also need to contact you with regards to making payments. If you consent to us contacting you for these purposes please tick to say how you would like us to contact you. (Delete as appropriate)

Telephone

E-mail

Post