



BUS FORM 2018 – CLIFTON PUPILS

FULL NAME OF PUPIL: _____

GRADE: _____

RESIDENTIAL ADDRESS: _____

Please tick the appropriate location below:

Location	Pick-up point	Morning Pick-up Times	Termly Cost One-Way	✓
Mount Edgecombe	Tony Watson Garage	06h30	R1,450	
Virginia	Virginia Airport	06h55	R1,390	

I (full name), _____, hereby confirm that the above information is true and correct and hereby give my consent for my child to make use of the transport facilities made available to us by CLIFTON SCHOOL.

I understand that my son will not be permitted to use the bus if the school does not have an indemnity form on file.

Payment Method (Please Tick)

- Cheque
- EFT (Electronic Transfer)
- Charge to son's school fee account

BANKING DETAILS:

Clifton School
Nedbank
Branch Code: 164826 -
(STD Bank users 16482600)
Account Number: 1648137946
Ref: (Surname) Bus

Signature: Parent/Guardian _____

Date _____

FOR OFFICE USE ONLY

Received By

Coupon Number