

DE LA SALLE COLLEGE TRANSPORT 2017/2018

PARAMOUNT COACHES MOSTA

ALL PARENTS are asked to fill in this form below and return it by post
PARAMOUNT COACHES, 255, CONSTITUTION STREET, MOSTA, MST 9052
Or by e-mail to: **accounts@paramountcoaches.com**

Student's Name _____ ACC. NO: _____
(leave blank if new)

NEXT YEAR'S CLASS (make sure that this field is filled out correctly)
2017/ 2018: _____ TEL: _____ Mum Mob: _____
Father Mob: _____

FAX: _____ EMAIL: _____

Please tick **only** the one required

Do you need Transport? YES NO

Present Route No: _____ AM. & PM. AM ONLY PM ONLY

In case of new students, you are invited to phone us on the numbers below.

TRANSPORT ADDRESS

Parents Full Name and Surname _____
BLOCK CAPITALS PLEASE

Full Address _____

Postal Code: _____

BILLING ADDRESS please specify if different from above:

Parents Full Name and Surname _____
BLOCK CAPITALS PLEASE

Full Address _____

Postal Code: _____

Unless this form is filled correctly and returned by the 28TH June 2017 you will not be guaranteed to use the transport. Owing to problems of overloading we will not allow any students to use bus routes other than those indicated **without permission**.

Cancellation Policy: If for any reason your son/daughter stops making use of the school transport, two months prior notice must be given in writing to the contractor. Failure to give such notice will entitle PARAMOUNT COACHES to request and obtain FULL PAYMENT.

For any queries please phone Paramount Garage on 21410220 / 21411193 / 21432001
Fax No: 21416742 email: accounts@paramountcoaches.com

I the undersigned have read and understood all the above:

Parent's Signature: _____

Date _____