

**DE LA SALLE COLLEGE
TRANSPORT APPLICATION FORM 2020/2021**

PARAMOUNT COACHES MOSTA

Parents/Guardians are kindly requested to fill in this Form and return it by post to:
PARAMOUNT COACHES – 255, CONSTITUTION STREET, MOSTA – MST 9052
or by e-mail to: accounts@paramountcoaches.com

STUDENT'S NAME & SURNAME: _____ STUDENT _____
ID. No. _____

CLASS IN 2020/2021: _____ (Please make sure this field is filled in correctly)

MOTHER'S/GUARDIAN'S TEL./ MOBILE _____ FATHER'S/GUARDIAN'S TEL./ MOBILE _____

MOTHER'S/GUARDIAN'S ID. No. _____ FATHER'S/GUARDIAN'S ID. No. _____

E-MAIL ADDRESS _____

PLEASE INDICATE TRANSPORT REQUIRED:

AM & PM	<input type="checkbox"/>
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AM ONLY	<input type="checkbox"/>
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PM ONLY	<input type="checkbox"/>
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PRESENT ROUTE No. _____

TRANSPORT ADDRESS

PARENT'S/GUARDIAN'S FULL NAME & SURNAME _____
(Block Capitals please)

FULL ADDRESS _____
_____ POSTAL CODE _____

It would be highly appreciated if this Form is filled in correctly and returned to us at your earliest convenience. This will help us to guarantee for you a place on our Transport.

OWING TO SAFETY REQUIREMENTS/OVERLOADING PROBLEMS, IT WILL NOT BE POSSIBLE FOR STUDENTS TO USE OUR TRANSPORT ON ROUTES OTHER THAN THOSE INDICATED BY US, WITHOUT OBTAINING OUR PRIOR CONSENT. IT WILL ALSO BE APPRECIATED THAT WE ARE INFORMED IMMEDIATELY IF YOUR SON/DAUGHTER STOPS MAKING USE OF OUR TRANSPORT.

I confirm that I have read and understood the above .

Parent's/Guardian's Signature

Date

**For any enquiries, please phone Paramount Coaches on 21410220/21411193/21432001
e-mail: accounts@paramountcoaches.com**