

ENROLMENT FORM FOR THE SCHOOL BUS 2024/2025



Commune de BERTRANGE

I, the undersigned _____, father / mother / legal guardian,
(surname and first name) (delete as appropriate)

enrol my child(ren) for the school bus.

1. _____
(surname and first name of the child) (cycle attended in 2024/2025 and name of the teacher)
2. _____
(surname and first name of the child) (cycle attended in 2024/2025 and name of the teacher)
3. _____
(surname and first name of the child) (cycle attended in 2024/2025 and name of the teacher)
4. _____
(surname and first name of the child) (cycle attended in 2024/2025 and name of the teacher)

Route 1 “Tossenbergt”
(tick the appropriate box)

Route 2 “Helfentgt”

My child(ren) goes/go to school by bus: **yes** **no**

If **yes**, please fill in the bus stop, where he/she/they take(s) the bus: _____
(designation of the bus stop)

He/she/they goes/go home by bus: **yes** **no**

He/she/they get(s) of at the bus stop: _____
(designation of the bus stop)

and is/are picked up at the stop: **yes** **no**, he/she/they goes/go home alone

If **yes**, please fill in the name of the person(s), who pick(s) him/her/them up:

Mr/Ms _____ or Mr/Ms _____
(surname and name) (surname and name)

(phone number)

(phone number)

I have read and agree to the conditions listed under item 8 of the book “Rentrée scolaire” 2024/2025.

Bertrange, _____

(signature)

Note: These data are used exclusively within the school organisation.

Please return by 6th September 2024 at the latest to the school department.