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 **Head Teacher: Mrs L McVey**

**Depute Head: Mrs T Heaney**

**St Blane’s Primary School**

‘Working together in Confidence and Trust’

Dear Parent/Guardian,

Your child is currently on our school bus list and we would like to check if they will be using their space. Please mark if they will be collected or if you give permission for your child to walk home from the bus stop. Please also mark on the table if there is a pattern to their bus usage. **We would ask that the children follow their usual pattern of bus usage every day, unless there is an emergency or a one off change to circumstances.**

Fill out the tear off slip below and return to school ASAP.

Thank you for your help,

Yours sincerely,

Mrs Lara McVey

Head Teacher

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**School Bus**

My child will be travelling on the school bus **OR** 🞏

I will make my own arrangement to transport my child to and from school 🞏

My child will be collected from the bus stop **OR** 🞏

My child has permission to walk home from the bus stop 🞏

My child will be travelling on the bus (please tick all relevant days and times)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Morning** |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |

Child’s Name........................................................ Class..............................

Child’s Name........................................................ Class..............................

Child’s Name........................................................ Class..............................

Signed................................................................... Date..............................