Seat Reservation Form

Please print in capital letters

Personal Information	
Pupil First Name:	
Pupil Surname:	
e-mail 1 *For all correspondence*	
e-mail 2 *If required*	
Mobile 1:	
Mobile 2:	
Home Address and Postcode:	
Travel Information	
School:	**Sandhurst**
Year group: From Sept 26 (please circle)	7 – 8 – 9 – 10 – 11 – 12 – 13
Bus Stop Number:	
Payment Information (please circle)	
I wish to pay per:	**Month** **Term** **Year**
I will be paying by (print child's name on reverse or on the envelope):	**Cash** **Cheque** **Standing Order** **Bank transfer** (if using this payment option, please set your bank payments up for the 1st of September and ongoing, use your Child Name as a reference)
By completing this form, you are agreeing to the Terms and conditions on page 1. We use the data given to contact you with important information about our services. We will not pass this onto a third party and it will be deleted after 2 years.	
Parent / Guardian name:	
Signature: (Electronic is acceptable)	
Please use this space to inform us of any special needs or requests.	

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