



## RAINFORD HIGH

PART OF RAINFORD ACADEMIES TRUST

### Request for 780 Bus Travel 19/20

First Name:

Surname:

Address:

Parent Name:

Contact Tel:

Email:

Please indicate which stop you require in order of preference:

Bus Stop 1:

Bus Stop 2:

Bus Stop 3:

I understand that my name will be added to a waiting list and I will be contacted when a place becomes available.

.....  
(Parent Sign)

Please return to the Finance Office or email to [finance@rainford.org.uk](mailto:finance@rainford.org.uk)