

Pedibus registration form

1. Please tick off your choice:

- ☐ Yes, I want to register my child for the Pedibus
- ☐ Yes, I want to register my child for the Pedibus **and** attend the informative meeting

The exact date, place and time of the meeting will be communicated via e-mail by end of august / start of september.

2. Personal Information: CHILD

Full name: _____

Address (complete):

Class teacher: _____

Cycle: _____

Personal Information: PARENT

Full name: _____

Telephone no.: _____

Email address: _____

3. Please tick off the days your child travels to and/or to/from school by Pedibus:

	Monday	Tuesday	Wednesday	Thursday	Friday
To school – morning					
From school – 11:50					
From school – 12:30					
From school – 16:00					

Pedibus route: _____ Pick-up stop no.: _____ Drop-off stop no.: _____

Please fill out **all** the fields of this registration form. If not, the registration is considered incomplete and cannot be accepted. With your signature, you pledge that all information provided by you is correct.

Completed in (city) _____, on (date) _____

4. Signature of person(s) exercising parental authority:

Parent(s)

SERVICE ENSEIGNEMENT

Legal guardian

20, rue du Commerce
L-1351 LUXEMBOURG

Guardian

Tél.: 47 96 29 55
Fax.: 40 75 57
enseignement@vdl.lu