



APPLICATION FORM FOR SCHOOL TRANSPORT FOR NEW PUPILS (School Year 2016/2017)

TO ENSURE THAT YOUR APPLICATION IS RECEIVED PROMPTLY PLEASE APPLY ONLINE AT www.buseireann.ie

Application should be made only for children who are applying for Primary or Post Primary school transport **for the first time**

Children who availed of school transport in the last school year are already on the Bus Éireann Ticketing System and should **NOT** be included on this Application Form **unless they are moving from Primary to Post Primary school**

Parent/Guardian Name: _____ (Please complete in BLOCK CAPITALS)
 Address: _____

Bus Éireann **Family ID Number** (if known - this number may be known to existing families as it is shown on siblings ticket): _____

Home Phone: _____ Mobile: _____ EMAIL: _____

I wish to apply for school transport for the following child/ren who will be attending school/s as follows:-

CHILD'S NAME	DATE OF BIRTH	CHILD'S PPS NUMBER	Primary or Post Primary	SCHOOL NAME & ADDRESS	Roll Number	Class Year (Primary 1 to 8* or Post Primary 1 to 6)

*Note: Primary Class Year Definition: Junior Infants = 1, Senior Infants = 2, 1st Class = 3 up to 6th Class = 8

APPLY ONLINE AT WWW.BUSEIREANN.IE WHERE POSSIBLE

OR DOWNLOAD FORM AND RETURN TO YOUR LOCAL BUS ÉIREANN SCHOOL TRANSPORT OFFICE BEFORE THE LAST FRIDAY IN APRIL

I have read and accept the terms of the Primary School Transport Scheme and/or Post Primary School Transport Scheme as it applies to the above child/ren

Tick box

SIGNED: _____ DATE: _____

For Office Use Only: Eligible: [] Concessionary: [] Distance: [] Route : [] Pick-up Point []