

**MyBus Primary School Application Form**

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| **HOW TO COMPLETE THIS APPLICATION FORM**   * This form is for MyBus primary school services only. * All questions must be completed unless marked as optional. * You are advised to use a desktop or laptop PC – results may vary using a tablet or mobile telephone device. * Type in BLOCK CAPITALS. * Type only in the yellow shaded boxes. Do not type in any other part of this document * All illegible or incomplete forms will be returned to you. * Please read the following documents if you have not already done so before you complete the form by selecting the links below: * [How MyBus primary school services work - FAQs](https://www.wymetro.com/schools/your-school/school-bus-faqs/mybus-primary-school-faqs/) * [GDPR and privacy statement](https://www.wymetro.com/schools/applications/gdpr/) * [Terms and Conditions](https://www.wymetro.com/schools/your-school/code-of-conduct/terms-and-conditions-of-registration/)   **HOW TO SEND IN YOUR APPLICATION**   * Save the form to your PC – preferably converted to a PDF but any word processor file format such as .docx or .odt will be acceptable. * Attach the file to a new email. * Add the subject line ‘Primary School Application’. * Send the email to:- [educationcustomerservices@westyorks-ca.gov.uk](mailto:educationcustomerservices@westyorks-ca.gov.uk)   **FOR ASSISTANCE TELEPHONE 0113 3481122** |

**Your Child’s Details**

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| **CHILD’S NAME, DATE OF BIRTH AND SCHOOL**  *You can add up to three children. All children must be at least 4 years of age or older at the time of applying.* | |
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| **Child #1 Full Name** |  |
| **DATE OF BIRTH** |  |
|  | |
| **Child #2 Full Name** |  |
| **DATE OF BIRTH** |  |
|  | | |
| **Child #3 Full Name** |  |
| **DATE OF BIRTH** |  |
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| **School Attending?** |  |

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| *You can check if your school is served by a Mybus service by looking up your school in our* [*A to Z school finder*](https://www.wymetro.com/schools/your-school/a-z-school-finder/) *on our website. This will also show you the route number, route description and timetable.* |

**Parent/Carer Details**

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| **Name and Address of Parent(s)/Carer(s)** | |
| **Full Name(s)** |  |
| **Full Address Excluding Postcode** |  |
| **Postcode** |  |

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| **Telephone Numbers** | |
| **Main Contact Number (mandatory)** |  |
| **Additional Contact Number (optional)** |  |

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| **Email Address – MANDATORY MUST BE SUPPLIED** | |
| **Email Address** |  |

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| **Emergency/Back-up Contact – MANDATORY MUST BE SUPPLIED** | |
| **Full Name** |  |
| **TELEPHONE** |  |

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| **Additional Collectors (optional)**  *We will only set your child down with the parent/carer and emergency contact named above. You can also nominate additional persons to collect your child from the bus stop such as a neighbour, friend or other relative. These additional persons may also ring in to make changes to your child's journey but must pass security checks.*  ***DO NOT add the names of the parent/carer or emergency contacts*** *above as we will add these for you. State the FULL NAME only not just first name or relationship to child.* | |
| **Collector #1 Full Name** |  |
| **Collector #2 Full Name** |  |
| **Collector #3 Full Name** |  |

**Your Child’s Journey**

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| --- | --- |
| **Bus Route Number** |  |

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| **AM DAYS OF TRAVEL**  *Type an ‘X’ in the box against which days of the week your child will travel in the morning. Otherwise type an ‘X’ in the ‘no travel required am’ if your child will not travel at all in the mornings.* | | | | | | |
| **AM** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | |
|  |  |  |  |  | |
| **NO TRAVEL REQUIRED AM** | | | | | |  |

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| **PM DAYS OF TRAVEL**  *Type an ‘X’ in the box against which days of the week your child will travel in the afternoon. Otherwise type an ‘X’ in the ‘no travel required pm’ if your child will not travel at all in the afternoon.* | | | | | | |
| **PM** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | |
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| **NO TRAVEL REQUIRED PM** | | | | | |  |

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| **BUS STOPS**  *Enter the number of the bus stop your child will board and alight at. All bus stop numbers begin 450 followed by five digits. EG: 45015985. We will only register your child to one main stop. Stop not required if you selected either ‘no travel required am/pm’ above.* | |
| **AM PICK UP STOP NUMBER** |  |
| **PM SET DOWN STOP NUMBER** |  |

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| **MET OR NOT MET AT THE BUS STOP (OPTIONAL)**  *All children are registered by default to be met when alighting at their bus stop in the afternoon. You can optionally request that your child can alight unaccompanied but* ***only if they are aged eight or over****.*  *Type an ‘X’ in the box below to register as ‘unmet’ else leave blank to remain as met.* | |
| **Register My Child/CHILDREN as ‘Unmet at The Stop’** |  |

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| **MARKETING COMMUNICATIONS OPT-IN (OPTIONAL)**  *The Combined Authority by collecting your data on this form will process it for the purpose of delivering the school bus services to our customers in accordance with* [*GDPR*](https://www.wymetro.com/schools/applications/gdpr/) *(General Data Protection Regulations).*  *You will always receive non-marketing communications regarding your registration and bus service such as route changes, reminders to renew your pass or where there are behaviour concerns, etc.*  *However, we would also like to use the data we collect to provide you with marketing information related to your school bus service.*  *If you wish to opt-in to such marketing information, type an ‘X’ in the box against either or both communication options below, otherwise leave this section blank to remain opted out.* | |
| **BY LETTER** |  |
| **BY EMAIL** |  |

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| **DECLARATION BY PARENT/CARER** | |
| **By submitting this application you are deemed to have accepted our** [**Terms and Conditions**](https://www.wymetro.com/schools/your-school/code-of-conduct/terms-and-conditions-of-registration/) **of registration. Type your name and date in the boxes below and, if required, state a preferred start date.** | |
| *We will register your child/children to start travelling on the bus as soon as practical beginning each Monday week commencing. You may not use the bus until you have received confirmation and a start date. If you have a preferred start date in the future, please enter this in the box below otherwise leave this blank.* | |
| **PREFERED START DATE** |  |
| **YOUR NAME** |  |
| **DATE** |  |

See the [first page of this document](#_top) for instructions how to submit your application.

**END OF APPLICATION**