



# BUS FORM 2025 – HIGHWAY ROUTE

**CLIFTON**

Scholarship

Leadership

Sportsmanship

Community

FULL NAME OF PUPIL: \_\_\_\_\_

GRADE: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

Please tick the appropriate location below:

Location	Pick-up point	Pick-up / Drop-off Times	Termly Cost Mornings	✓	Termly Cost Return	✓	Casual Trip Rate
Kloof	Kloof Country Club	06h15 / 18h25	R2,040		R3,690		R75
Pinetown	<b>Morning Pick-up:</b> St John's Shell Garage <b>Afternoon Drop-off:</b> Hatton's Spar car park	06h25 / 18h05	R1,980		R3,560		R70
Westville	Swimming Pool in St James Ave	06h40 / 17h50	R1,945		R3,440		R65

I (full name), \_\_\_\_\_, hereby confirm that the above information is true and correct and hereby give my consent for my child to make use of the transport facilities made available to us by CLIFTON SCHOOL.

I understand that my son will not be permitted to use the bus if the school does not have an indemnity form on file.

**Payment Method** (Please Tick)

EFT (Electronic Transfer)

Charge to son's school fee account

<b>BANKING DETAILS:</b> Clifton School Nedbank Branch Code: 164826 Account Number: 1648137946 Ref: (Surname) Bus
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**Signature: Parent/Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**TRADITION | INNOVATION | CONNECTION**

Clifton School NPC | 102 Lambert Road | Durban | South Africa | 4001

Tel: +27 31 312 2147 | Fax: +27 86 463 7275

www.cliftonschoo.co.za

Co. Reg. No. 2000/006079/08 | NPO No. 031-244

