



BUS FORM 2025 – NORTH COAST 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
Ballito	Shell Garage near Food Lovers Market	06h10 / 18h15	R2,335		R4,425		R75
Sibaya	BP Garage	06h35 / 17h50	R2,095		R4,060		R75

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

<p>BANKING DETAILS: Clifton School Nedbank Branch Code: 164826 Account Number: 1648137946 Ref: (Surname) Bus</p>
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Signature: Parent/Guardian _____

Date _____

TRADITION | INNOVATION | CONNECTION

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

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www.cliftonschoo.co.za

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