



**To Cooperativa Trasporti Alunni Scuola Europea di Varese**  
**Bus change request for Friday's return trip**

The undersigned..... parents/legal representatives  
of..... date of birth.....class.....

**REQUEST THAT HIS/HER/THEIR SON/DAUGHTER**  
**UNDER 14 YEARS**

**On Friday.....could change the bus programme scheduled for the return at:**

**➔ 13,00 (Nursery, Primary, Secondary classes: 1, 2, 3) as written**

Bus n.....Bus stop.....

I/we authorise the bus monitor to hand over my/our son/daughter to the following person (over 18 years):.....

**➔ 16,20 (Secondary Classes: S4 to S7) as written**

Bus n.....Bus stop.....

I/we authorise the bus monitor to hand over my/our son/daughter to the following person (over 18 years):.....

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**OVER 14 YEARS**

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Bus n.....Bus stop.....

I/we authorize my/our son/daughter to get off the bus by him/herself at the chosen bus stop I take the full responsibility declining the Transport Cooperative and the bus monitor from any liability after having left the bus

YES

NO  if NO:

I/we authorise the bus monitor to hand over my/our son/daughter to the following person (over 18 years):.....

Please send this written request filled and signed by **Wednesday at the latest**. The request can be sent:

- By e-mail: [valentina.erba@partner.eursc.eu](mailto:valentina.erba@partner.eursc.eu)

**This request can be considered accepted only upon receipt of our confirmation reply by e-mail.**

Date.....

Signature.....