



LIFE 16 IPE MT008

OPTIMISING THE IMPLEMENTATION OF THE 2nd RBMP IN THE MALTA RIVER BASIN DISTRICT

APPLICATIONS FORM FOR FREE SCHOOL TRANSPORT 2018/19:

SCHOOL DETAILS

School Name: _____

School Address: _____

School Telephone Number: _____

School Email address: _____

Name of Contact Point: _____

VISIT DETAILS:

Preferred date for the visit: _____

Preferred theme: _____

Number of persons requiring transport
(including teachers and other accompanying adults): _____

Please indicate any special requirements for persons with reduced abilities:

Teachers are asked to bring and hand in to one of our staff a filled in attendance sheet of all students attending The Ghajn WCAC (This is needed for Safety reasons).

Please note that all teachers are responsible for their students throughout the whole visit.

It is highly recommended that lessons on the theme preferred should be covered by the class teacher before the visit.

Date: _____

Name of Head of School: _____

Signature of Head of School: _____

School Stamp:

To be filled in by the Energy and Water Agency

Date received:

Name of officer:

Confirmed date of visit: