

SCHOOL BUS REGISTRATION FORM

Name of the Student (as per IC) : _____

(Full Name in BLOCK LETTERS)

Gender: Boy Girl

Date of Commencement: ___/___/___ Class- Section: _____
(DD/ MM/ YYYY)

Name of Parents/Guardian: _____

Address (Pick-Up): _____
_____ (S) _____

Address (Drop-Off): _____
_____ (S) _____

Class Start (Time) : 8:45 a. m Return Time: _____

Contact Number : (Home) _____ (Office): _____ (Mobile): _____

Please indicate requirements:

- One-way journey to School
- One-way journey from School
- Two-way journey to and from School

I read and agree to the terms and conditions of transport stated in the school website.

Parent's Signature : _____

Date : _____