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General School Bus Application Form

School Name:			
Student Name (Chi): _			
Student Name (Eng):	(Surname)	_ (Given) (Nick)
Address :			
Class: ○AM ○PM	New Academic Year:	◯ Yes ◯ No	Gender: Male Female
Reason for Application	n: O First Time to Join	○ Changing Ro	oute Changing Address
O Existing Students: _		_ Please provide	sibling's name (if any)
Father's Mobile:	Mother's Mob	ile:	Others:
Are you willing to rec	eive the message throu	gh WhatsApp?	○ Yes ○ No
Starting Date:	(day) / (month	າ) / (yea	ar)
Journey: ORound Ti	rip O Single trip back to	school () Single	trip homeward
Pick-up Arrangement Kindergarten)	:	eturn home on h	is/her own (Not Apply to
Boarding point:			
Alighting point:			
Please drop us a line requests.	if you have any special	requirements bu	ut we cannot guarantee your
Remarks:			
Parents / Guardian Si	anature [Date	