



Alan Bus Service

Tel: 67794558 Fax: 67791616

Email: alanbus@alanbus.com

Clementi Central Post Office, PO Box 65, Singapore 911203



APPLICATION FORM

Parent's Name: _____ Email: _____

Address: Blk No. _____

Unit # _____ - _____ Postal Code: S _____

Telephone : (H) _____ (Hp) _____ (Hp) _____

No	Name of Child / Children	Birth Cert No	BUS ID	Class	Bus Fare
1.					
2.					
3.					
TOTAL FARE:					S\$

** For pick up / drop off different from above address, please fill up:-

PICK UP POINT: _____

DROP OFF POINT: _____

Remedial / Supplementary Classes Bus Services	补习班校车	YES / NO
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- **Bus passes will only be allocated upon payment received.**

Please make payment via bank transfer to the following bank account:

POSB SAVING A/C: 121-79529-9.

Payment Term: (Cash/Cheque) hereby enclosed the sum of S\$ _____ for the initial payment and forwarded with this application form.

Agreement for the above term is 12-month payment for the next year

- **Reminder! ALL applications take 7 working days to process**

I / We agreed and accepted of the above and rules & regulation and terms of condition.

Parent / Guardian Signature
Date: _____

Alan Bus Service
Received By: _____

For your reference (Payment receipt)

ID NO: _____

Child's Name: _____ Class: _____

Month	Date	School Bus Fare	Total Amt	Chq/ Cash	Collector
Nov 2018					
Dec 2018					

Note: Please keep this for your reference / in case of any queries

*****PLEASE SUBMIT TO BUS OFFICER*****



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DECLARATION FORM
(Only for parents/guardians of Primary 3-6)

To: Alan Bus Service,

I, _____ (Father/Mother/Guardian) of child/children _____ **will not be** waiting for the school bus at the assigned drop off point to take my (child/children)

I will be responsible in the event that my (child/children) _____ goes/go home by (himself/herself/themselves)

Thank you.

By Email: alanbus@alanbus.com	By Post: Clementi PO Box 65, S (911203)	By Hand: Pass to our bus conductor or officer at the school
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Parent/ Guardian Signature

Remarks:

It is compulsory to have receiver for P1 & P2 pupil(s), unless otherwise with Authorized Letter from the school. For parents who will be receiving his/her (child/children), you are not required to fill up this declaration form. For parents who will be receiving his/her (child/children), please be punctual at the drop off point. In the event you are not seen at the drop off point, for your child/children safety, we will send your child/children back to the school to be looked after by our Alan Bus Service officer.

申报表

致: 巴士运输承包商

我, _____ (家长 / 监护人) 将 (会/ 不会) 在巴士抵达地点接我的孩子回家。
(若有任何事故, 我会负责)。谢谢。

电邮至: alanbus@alanbus.com	邮寄至: Clementi PO Box 65, S(911203)	你可亲手交给本公司跟车员 / 校车管理员
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家长 / 监护人签署

注:

授权书。

所有出来带孩子的父母亲, 不必填以上申报表。

请所有出来带孩子的父母亲, 必须准时到巴士抵达地点接带孩子, 若不, 我们将把你的孩子送回学校由我们的校车管理员照顾, (为了你孩子的安全缘故)。