

AIK SHEN BUS SERVICE

School Bus Copy

Tel : 6269 4708

Fax : 6368 0148

E-mail: aikshen1@singnet.com.sg

PEI HWA PRESBYTERIAN PRIMARY SCHOOL (SCHOOL BUS REGISTRATION FORM)

Please tick if applicable:

New Student

Existing Student Taking School Bus

Change of Address

Due to LTA requirements, we need all the student particulars. Parent please kindly fill up the full detail for us:-

Name of Student: _____

(Full Name in BLOCK LETTERS - as in birth certificate)

Date of Birth: _____

Age: _____

Class: ____/____

Home Address: _____

Contact number : Home _____

Office : _____

Handphone: _____

Other : _____

Date of Commencement : _____

Journeys Required (please tick accordingly) :

Two-way

One-way (To School)

One-way (Back Home)

If pick-up / drop-off addresses are different from the above address, please indicate:

Pick-up Address: _____

Drop-off Address: _____

We hereby agree to accept the Terms stated in "Parent's Copy" of Aik Shen Bus Service registration information.

Signature of Parent / Guardian:

Name of Parent / Guardian:

Date: