

APPLICATION FOR TRANSPORT SERVICE

Kindly complete the followings and please upda	ate when there is a change in details (such as contact number	, emergency contact, etc)	
STUDENT'S DETAILS			
Student's Name:			
Class:	Gender:		
Birth Date:	Age:		
Home Address:	<u> </u>		
Pick Up Point - Address:			
Contact Number	(House)		
Parent's/Guardian's Name:			
Parent's/Guardian's	(Mobile Phone)		
Contact:			
Commencement Date:	Remarks:		
EMERGENCY CONTACT (* Emergency Contact should not be the same as the contact shown above)			
Name:			
Home Address:			
House Number:	Mobile Numbe	er:	
Office Address:			
Office Tel. Number:			
Terms and Conditions:			
1. Transport will be provided fo	•		
·	port fees for a year is collected in three (3) installments at the 1 st week of Sept, Jan and May.		
	in students unable to continue the van service.		
·	t abide by the guidelines set by the School and tr	•	
	compromising the safety and security of the passengers. The van driver will not be held responsible if the student ignores the instructions of the driver and mishap occurs resulting from student's misbehavior.		
5. All students must be punctua	I at the pickup point to avoid missing the van.		
6. If parent/guardian decides to	5. If parent/guardian decides to pick his/her child on a certain day, the parent/guardian must inform the		
van driver to avoid unnecessa	ary searching and hiccups.		
 Kingsley International School does not operate the transportation services, and only provide the transport service providers' contact to interested students. 			
transport service providers c	contact to interested students.		
transport service providers 'C	contact to interested students.		
l,	(NRIC/Passport No:		
l,			

Received By (Staff):

Date: ____

KISB-FM-080 (4) Rev.date: 21 Sep 2017