Sembawang Primary School – Application for School Bus Services

Child's Full Name:			Class	· 	(2024)	
Name of Primary Contact Person:			Contac	Contact Number:		
Relationship to Child:						
Name of <u>Secondary</u> Contact Person:			Contac	Contact Number:		
Relationship to Child:						
Pick-up address:						
Drop-off address (if different):						
Consent to drop-off child without caregiver receiving: [[]Yes] Yes [] No		
Monthly Fares (Daily Scho	ool Bus Services)	Pls chose betwee	en 1 way or 2	ways		
1 Way - \$115	Pls circle only one if 1 way service AM or PM	Distance – 0KM to 4KM		•	ays - \$175	
Any enquires for address more than 4KM, pls state (Subject to availability)						
Payment Mode Note:- Child's full name must Example: JASON-CPS-FEB PAYNOW to UEN: 201542718 Please provide a fixed mobile of this is for the traceability and a	BH number that be mal	king payment:	ent.			
 Terms & Conditions For termination of service, please provide 1 month notice via email to sales@wltransportservices.com. There will be no refund or pro-rating of fares for the month. In the event of transport claims due to vehicle breakdown, please submit claims via WhatsApp to admin at 84047323 by 25th of the month. The amount will be credited to the bank account provided. Claims are strictly based on receipts provided by the due date. Payment strictly by PAYNOW only. Kindly input child name-cps-month and make payment. Once done, kindly screenshot with remarks shown before sending to admin. Payment is sought before service (eg. April's fare to be made in last week of March). No payment required for the months of Jun, Nov and Dec. Please submit this form to the via WhatsApp (PDF) to 84047323 by 18 Nov 2023. Applications after 18 Nov are subject to availability. 						
10 110V are subject to av	andomy.					
Name of Parent/Guardian*	Signature o	f Parent/Guardian*	Contact Nui	mber	Date	

^{*}Admin (applications, payment and feedbacks) - HP: 84047323.

^{*}Operations (change of address or service requirements) – HP: 88530833