



Name of Student: _____ 中文名 (if any): _____

Address: _____ Postal Code _____

Class (2019) *: _____ Required Trip: Single * / 2 Way * Single Trip: Home to School
School to Home

Parent's Contact No.: _____ (Home) _____ (HP)

Parent's Email: _____

Remarks (if any): _____

Instructions:

1. Bus Fare shall be paid within 1st week of the month upon received our payment advice (bus card).
2. Payment must be produce along with the bus card to the collector. For cheque payment, please make payable to "Sky Island Transport & Trading Pte Ltd".
3. Bus fare payment must be paid on a full-month (12 calendar month) basis; pro-rated fares are not accepted.
4. One month prior notice is required for all passengers who wish to terminate the bus service.
5. **Kindly email the completed application form directly to skyislandschool@gmail.com**

X

Signature