



SCHOOL BUS SERVICE
STUDENT TRANSPORTATION REQUEST

Registration No:
SBS / _____

Date: _____ Date to Begin: _____ Place Attending: _____

Parent(s) Name(s): _____

Address: _____ Home Phone: _____

_____ Mother's Contact No.: _____

_____ Father's Contact No.: _____

Your child(ren) will be riding the bus on Monday – Thursday and Saturday at:

(Please tick the appropriate box)

Morning Session: 6.30 a.m and 12.00 p.m

Afternoon Session: 11.15 a.m and 5.00 p.m

****Please provide a schedule to us if several changes are going to be made.**

School Bus Service Package:

No.	Location	Monthly Fee (Two-Way)
1	Within Sekolah Ugama Jerudong Traffic Light and Leong Wui, Sengkurong Traffic Light Area	\$80
2	Other location within Mukim Sengkurong	\$100

Student Name(s):

Class:

_____	_____
_____	_____
_____	_____
_____	_____

ADDITIONAL INFORMATION
