



Alan Bus Service
 Tel: 67778811 Fax: 67791616
 Email: alanbus@alanbus.com



CLEMENTI CENTRAL POST OFFICE, PO BOX 65, SINGAPORE 911203

CLEMENTI PRIMARY SCHOOL

Parent's Name: _____ Email: _____

Address: Blk _____ Unit # _____ - _____ Street name: _____

Postal Code: _____

Contact: _____ (Hp1) _____ (Hp2) _____ (Home)

No	Name of child / children (as per birth certificate)	NRIC/ Birth Cert No	BUS ID NO.	2020 Class	Bus Fare
1.					
2.					
3.					
TOTAL FARE:					S\$

** If pick up / drop off address is different from the above address, please fill in:

PICK UP POINT: _____

DROP OFF POINT: _____

Remedial / Supplementary Class / CCA Bus Services	补习班校车	YES / NO
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Modes of Payment:

- By Bank Transfer (ATM/I-Banking) to: POSB SAVING A/C: 200-88828-6.
- By cheque payable to: **ALAN BUS SERVICE**

Payment Term: Endorsed herewith the sum of S\$ _____ for year 2020.

Payment of bus fare to be in advance prior to taking the school bus.

Agreement for the above term is 9-month payment.

For termination of bus services, one (1) month Notice of Termination must be served to Alan Bus Service in writing.

I / We agree and accept the above rules & regulations and terms of condition.

Parent / Guardian Signature _____

Date: _____

Alan Bus Service

Received By: _____

For your reference (Payment receipt)

ID NO: _____

Student's Name: _____

Class: _____

Month	Date	School Bus Fare	Total Amt	Chq/ Cash	Collector
JAN 2020					

Note: Please keep this for your reference / in case of any queries



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**ENRICHMENT/REMEDIAL BUS SERVICES
 APPLICATION FORM (补习车申请表)**

I, _____ allow my (Child/Ward) _____ to take the remedial/enrichment class bus services.

Attached is S\$ _____ (Cash /BT/Cheque No: _____) being paid for my (child/ward) remedial/enrichment class bus service.

Please submit the application form and payment to our School Bus Officer / School Bus Conductor or mail it to us directly. (Please do not enclose Cash by mail to us)

Child's Name: _____

Class: _____ Bus ID No.: _____

Blk: _____ # _____ Postal code: _____

Address: _____

Please fill in the timing:

Days	4.00pm	5.30pm
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

*Minimum of 5 students for Alan Bus Service to provide the bus service

By signing below, I agree to the terms and conditions, rules and regulations.

Signature of Parents: _____ Date: _____

Contact No: _____ (H): _____ (HP)

Received by: _____ Date: _____