

Wellington Primary School - Application for School Bus Services (2023 to 2024)

hild's Name in Birth C	ert:				Class	:		
Name of Primary Contact Person:					Contact Number:			
Relationship to Child:								
Name of <u>Secondary</u> Contact Person:					Contact Number:			
Relationship to Child:								
Pick-up address:								
Drop-off address (if di	ifferent):							
Consent to drop-off child without caregiver receiving:]] Yes [] No	
Distance		Please tick ac		cording 2-way		For Official Use		Jse
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Up to 2km	\$100	Home to sch		\$170				
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> 2 – 4km > 4 – 6km For residence addres Payment Mode: PAYNOW to UEN: 201 For traceability, please When making payment	\$100 \$120 ss beyond the all 1542718H provide a fixed t, please provide	Sch to home Home to sch Sch to home Home to sch Sch to home Oove stated distant mobile number for	ce, plea	\$170 \$200 se conta			arge.	
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- 1. Your application is subject to availability and confirmation if application is received after 18th Nov 2022.
- 2. Bus fares are payable only for the months of Jan, Feb, Mar, Apr, May, Jul, Aug, Sep and Oct and shall be paid on the <u>first day</u> of the said months.
- 3. In the event of vehicle breakdown and you have made alternative transport arrangement, you may submit transport claim via WhatsApp to Admin at 8404 7323 by 25th of the month. The amount will be credited to your bank account provided. Claim is strictly based on receipts provided by the due date.
- 4. Bus services for after school activities:

**WTP refers to Wellington Primary School

- If your child requires bus service for after school activities, please book via WhatsApp only to the driver at 8488 5258 with at least two working days' notice.
- Please note that confirmation is subject to availability and advance payment will need to be made.
- The fares for up to 4km is \$5, and > 4km to 6km is \$7 per child per trip.
- 5. Please refer to Terms & Conditions Governing The Requests For Services at the school website https://wellingtonpri-moe-edu-sg-admin.cwp.sg/useful-links/school-information

·	ator using the abovementioned informusent to the School Bus Operator disc		
Name of Parent/Guardian*	Signature of Parent/Guardian*	Contact Number	Date