

School Bus Feedback Form

| | |
|------------------------------|--|
| Name of student/s | |
| Class | |
| Parent Name | |
| Parent Contact Number | |
| Parent Contact Email | |

Please tick () the appropriate box and fill out the bus service details related to your concern:

AM BUS No _____ Pick-up time _____ am

PM BUS No _____ Drop-off time _____ pm

CCA Bus _____ Date ____ - ____ - ____ (dd/mm/yyyy)

Feedback

Please continue on a separate sheet if necessary and email your complete form to aisbus@jtt.com.sg.
Alternatively, you may submit your feedback to the Johnson Transport Office at Room S328 Level 3 Lower Elementary School Building Gate 3.