

## School Bus Resume / Additional Service Form

Name of Student(s)		Class	
Residential Address			
Block No.		Street Name	
Building/Condo Name		Unit No	
Postal Code			

**Important Note:** Parents must inform the Transport Office and provide 2 weeks' notice for additional bus service and/or any service to resume.

Please tick (✓) the appropriate box for the service(s) request:

AM BUS

PM BUS

**Date Effective From:** \_\_\_\_\_

Submitted By:	
Parents/Guardian Name:	
Date & Signature:	
Contact Number:	

*For School Bus official use only*

Date received	Received by (Coordinator)