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## **School Bus Termination Form**

Name of Student(s)		Class	
Date effective from:  Please tick ( ✓ ) the appropriate box for the service(s) cancellation request:  □ AM BUS □ PM BUS			
Submitted by:			
Name:			
Signature & Date:			
Address:			
Contact No.:			

For School Bus official use only

Date received	Received by (Coordinator)