

FORM A-1
(PT-F-NML-V02)

DETAILS OF STUDENT TRANSPORTATION ACTIVITIES

Bus Owner Information		
Name of Bus Owner:	NRIC/ UEN No.:	
Address:	Tel:	(O) (HP)
	Email Address:	
Bus Information		
Bus Registration No.:	Licensed Seating Capacity:	
Bus Driver Information		
Name of Bus Driver:	ID No. of Bus Driver:	
Bus Attendant Information (if required*)		
Name of Bus Attendant:	ID No. of Bus Attendant:	
Conveyance Details		
Name of School:		
	Pick up time	Set down time
Forward Trip		
Return Trip		
Declaration		Verification by School
I declare that all details provided are true and correct. _____ Signature Date		Name: _____ Designation: _____ _____ School Stamp /Signature Date

* A bus attendant is required if the bus is used to convey children of any childcare centre or kindergarten, or if the licensed capacity of the bus exceeds 30 children.

FORM A-2

Bus Registration Number: _____

Details of Children:

S/n	Name of Student	Age	Class	Home Pick-up Address

School Stamp /Signature

Date

Page ____ of ____ submitted
(excluding cover page)