## FORM A-1

(PT-F-NML-V02)

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## DETAILS OF STUDENT TRANSPORTATION ACTIVITIES

<b>Bus Owner Information</b>					
Name of Bus Owner:		NRIC/ UEN No	.:		
Address:		Tel.:	(0)	(HP)	
		Email Address:	:		
<b>Bus Information</b>					
Bus Registration No.:		Licensed Seating Capacity:			
<b>Bus Driver Information</b>					
Name of Bus Driver:		ID No. of Bus Driver:			
<b>Bus Attendant Informati</b>	on (if required*)	1			
Name of Bus Attendant:		ID No. of Bus Attendant:			
<b>Conveyance Details</b>					
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.		Name: Designation:			
Signature	Date	School Stamp	/Signature	Date	

<sup>\*</sup> 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

'n	Name of Student	Age	Class	Home Pick-up Location
11	Name of Student	Age	Class	Home Fick-up Location