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Established in 1946

LIANHUA PRIMARY SCHOOL

Vision: Hearts of Service * Minds of Inquiry * Joy in Learning * Confidence in Life

Mission: Together we bring out the best in every child for a better nation.

Request for School Bus Services

To:

Name of Operator

Business Address

Contact no.

Contact person. &

Email address (if any)

PLEASE NOTE:

1. This Form sets out your request for school bus Services. **It does not constitute the School Bus Operator's agreement to provide the Services.** The School Bus Operator will review the information you provide in this Form and will confirm with you on whether your child/ward is to be picked up (and/or dropped off, as the case may be) from either the pickup address, the drop-off address, or from a common location, as well as the monthly bus fares payable. The use of a common location to pick-up and/or drop off your child/ward could help operators deploy their drivers more efficiently, as it allows them to ferry more students on each school bus route and, where appropriate, use larger capacity buses. Such an arrangement would not only help operators cope with fewer drivers, but may also help reduce the overall journey time due to fewer stops, as well as allow for later boarding times for students who are picked up first. If you are agreeable to and accept the location on where your child/ward is to be picked up (and/or dropped up, as the case may be), as well as the bus fare proposed by the School Bus Operator, a contract will be constituted between you and the School Bus Operator for the provision of school bus Services for the calendar year of 2025 ("**Parent Agreement**").
2. The Terms and Conditions Governing this Request for School Bus Services set out in **Annex A1** below are deemed to be incorporated into the Parent Agreement.
3. You must submit this Request to the School Bus Operator by **31 Oct 2024** if you wish the School Bus Operator to consider your request.
4. Please note that the School Bus Operator is not obliged to provide transport Services where the Requested Distance is more than 4km, or where your child/ward requires transport services for after school activities that end after 4pm.

Name of Child: _____

Class (2025): Pr ____/____

School: Lianhua Primary School

Contact Number: (Home) _____ (HP) _____ (HP) _____

Please tick accordingly:

<input type="checkbox"/> One-way (AM)	<input type="checkbox"/> One-way (PM)	<input type="checkbox"/> Two-way
Pick-up Address: _____		
Drop-off Address: _____		
<input type="checkbox"/> After School Activities (From school)*		
Drop-off Address: _____		
* Please indicate day and time the After School Activities ends: _____		

I consent to the School Bus Operator using the abovementioned information for the purpose of providing School Bus Services and also consent to the School Bus Operator disclosing such information to the School.

Parent/Legal Guardian's Signature

Name of Parent/Legal Guardian

Date