

Alan Bus Service
Tel: 67778811 Fax: 67791616
Email: alanbus@alanbus.com



CENTRAL POST OFFICE, PO BOX 65, SGAPORE 911203

ENRICHMENT/REMEDIAL BUS **SERVICES** APPLICATION FORM(补习车申请表)

Ι,	allow my (Chi	ld/Ward)	to
	richment class bus services.		
Attached is S\$being paid for my (c	(Cash hild/ward) remedial/enrich	n /BT/Cheque No: ment class bus service.	
		ment to our School Bus Office ot enclose cash by mail to us)	er / School Bus
School Name:			
Child's Name:			
Class:	Bus ID No.:		
Blk:#	‡Posta	ıl code:	
Address:			
Please fill in the tim	ing:		
Days	Time		
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
By signing below, I	agree to the terms and cond	litions, rules and regulations.	
Signature of Parents:		Date:	
Contact No:	(H):	(HP)	
Received by:		Date:	