



SKY TRANSPORT SERVICES PTE LTD

Blk 10 Sin Ming Industrial Sector C

#01-02

Singapore 575645

Tel : (65) 6554 9919/ 6554 2520

Fax : (65) 6554 9918/ 6554 0998

**HILLSIDE WORLD ACADEMY
SCHOOL BUS REGISTRATION FORM**

PARENT'S PARTICULAR

Parent's Name		Home No.	
Mailing Address		Mobile No.	
	Postal Code	Alternative No.	
Email Address			

CHILD'S/WARD'S PARTICULAR

Child's Name		Class/Grade		1-way to school	<input type="checkbox"/>	Start Date _____ / / (ddmmyyyy)
Pick-up / Drop-off Address if different from Mailing Address				1-way from school	<input type="checkbox"/>	
Unit No		Postal Code		2-way	<input type="checkbox"/>	

CHILD'S/WARD'S PARTICULAR

Child's Name		Class/Grade		1-way to school	<input type="checkbox"/>	Start Date _____ / / (ddmmyyyy)
Pick-up / Drop-off Address if different from Mailing Address				1-way from school	<input type="checkbox"/>	
Unit No		Postal Code		2-way	<input type="checkbox"/>	

This Registration Form cannot be processed unless it is signed. By signing, you agree to the terms and conditions of the Waiver and Indemnity form overleaf, and you have read and understand the Student Bus Rules, Parent Information and Accounting Information. All personal data provided by you for our records is protected in Singapore under the Personal Data Protection Act 2012.

Signature by Parent/Guardian

Date

For Official Use

Student Bus Code		Bus No		Estimated Pick Up Time	
Pick Up Point				Estimated Drop Off Time	
				Processed by	
Transport Fare inclusive of 7% GST	S\$		Per Semester	Date	



**HILLSIDE WORLD ACADEMY
AFTER-SCHOOL ACTIVITY SCHOOL BUS REGISTRATION FORM**

PARENT'S PARTICULAR

Parent's Name		Home No.	
Mailing Address	Postal Code	Mobile No.	
		Alternative No.	
Email Address			

CHILD'S/WARD'S PARTICULAR

Child's Name		Class/Grade		I-way from school	Pick-up Time
Pick-up / Drop-off Address if different from Mailing Address				<input type="checkbox"/> Every Monday	_____
				<input type="checkbox"/> Every Tuesday	_____
Unit No	Postal Code			<input type="checkbox"/> Every Wednesday	_____
Start Date / / (ddmmyyyy)				<input type="checkbox"/> Every Thursday	_____
				<input type="checkbox"/> Every Friday	_____

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Student Bus Code		Bus No		Estimated Pick Up Time	
Pick Up Point				Estimated Drop Off Time	
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Transport Fare inclusive of 7% GST	S\$	Per Semester		Date	