## Canberra Primary School – Application for School Bus Services

Child's Full Name:							(2024)	
Name of Primary Contact Person:						Contact Number:		
Relati	ionship to Child:							
Name of <u>Secondary</u> Contact Person:						Contact Number:		
Relationship to Child:								
Pick-u	up address:							
Drop-	off address (if differe	ent):						
Conse	ent to drop-off child v	without ca	regiver receiving:		] Yes [ ] No		] No	
Month	ly Fares (Daily Sch	nool Bus	Services)					
Travel Distance			Please tick accordingly		For Official Use		ial Use	
			1-way		-way			
Up to 4km		\$130	Home to sch (AM)	\$170				
			Sch to home (PM)					
>4-6km		\$150	Home to sch (AM)	\$200				
			Sch to home (PM)					
	PAYNOW to UI Please provide	EB EN: 20154 a fixed mo	stated when making of 2718H bile number that will be raccountability purposes)	making payme				
 Terms	& Conditions							
1.		service, ple	ease provide 1 month no	tice via email t	to sales@wltra	ansportse	rvices.com.	
2.	There will be no refund or pro-rating of fares for the month.							
at 84047323 by 25 <sup>th</sup> of the month. The amount will be credited to the bank a strictly based on receipts provided by the due date.								
3.	Payment strictly by PAYNOW only. Kindly input child name-cps-month and make payment. Once done,							
	kindly screenshot with remarks shown before sending to admin. Payment is sought before service (eg. April's fare to be made in last week of March). No payment required for the months of Jun, Nov and Dec.							
4.	Please submit this form via WhatsApp ( <b>PDF</b> ) to 84047323 by <u>24 Nov 2023</u> . Applications after 24							
	Nov are subject to availability.							
<ul> <li>5. Bus services for after-school activities departing at 4:30pm</li> <li>If your child requires service for after-school activities, please make booking via</li> </ul>							Ann only to	
			n at least two working da		ake booking vi	a vviiais <i>i</i>	App only to	
			tion is subject to availabi n is \$5, > 2km to 4km is		ce payment to	be made	e via paynow.	
Name of Parent/Guardian*			Signature of Paren	t/Guardian*	Contact Nu	umber	Date	

<sup>\*</sup>Admin (applications, payment and feedbacks) - HP: 84047323.

<sup>\*</sup>Operations (change of address or service requirements) – HP: 88530833