International School
HO CHI MINH CITY

TRANSPORTATION APPLICATION FORM
(SCHOOL YEAR 2009-10)

☐ Yes, I would like my child(ren) to participate in the school Transportation Service (to An Phu Campus and back; Monday to Friday during the school term).

Family name : _____

Child/ Children's First Name(s) : 1 …….....Grade……..

: 2 ……Grade……..

: 3 ……Grade……..

Home address …… ……..

…… ……..

Email address …… ……..

Phone No: ……Hand phone: ……..

Please indicate requirements:

Start Date: _____

Require transport from: ☐ District 1 ☐ District 2 ☐ District 3

☐ Phu My Hung ☐ Tan Binh ☐ Phu Nhuan

☐ Other (please specify): ……..

Trips: ☐ Two Way Journey ***or*** ☐ One Way Journey ☐ Morning (only) ☐ Afternoon (only)

Time that bus leaves school: **3**:00pm

Fee & Payment: ☐ Company Payment ☐ Personal Payment

For office use only. Date received _____Bus Number Assignment_____

Start Date _____Pick-up Time _____Drop-off Time_____

Bus driver/Monitor _____Arranged by _____

Does the teacher have a copy of transportation information? _____