



ALPHA VELLTRANS PTE LTD

205A East Coast Road Singapore 428904

Tel: 6877 1135

Fax: 6462 1741

Reg. No: 201025907H

Email: enquiries@alpha-velltrans.com.sg

AVONDALE GRAMMAR SCHOOL

BUS REGISTRATION FORM

(Please tick one)

Invoice is paid by: Family Father's Company @ Mother's Company @

@ (Complete details below if paid by company)

Attn: _____

Company Address: _____

Postal Code: _____

Please attach
one passport
size photograph
of child

OFFICIAL USE ONLY:

Commence Date: _____ Area: _____ Charges: _____ Class: _____

TRIPS REQUIREMENT

Days: M / T / W / TH / F (Please circle accordingly)

Time: _____

Service: ** 1 way / 2 ways

** (Please indicate if 1 way service): Morning / Afternoon (Please circle)

CHILD'S PARTICULARS

Name Of Child: _____ Sex: M / F (Please circle)

Date Of Birth: _____ Age: _____ Place Of Birth: _____

Race: _____ Nationality: _____

PARENT'S PARTICULARS

Name of Father & Mother: _____

Home Address: _____

_____ Singapore: _____

Tel: (Home) _____ (Office) _____ (Fax No.) _____

(H/P - Father) _____ (H/P - Mother) _____

E-mail Address (If Any): _____

Father's Occupation: _____ Mother's Occupation: _____

Avondale Grammar School has appointed Alpha Velltrans Pte Ltd as the main transport to provide bus services towards the students need. ****Please submit this Application of school bus service in advance of 2 weeks for the necessary arrangements. Confirmation will only be notified if seats are available. Otherwise, they will be reserved under our waiting list.**

IMPORTANT! THIS FORM CANNOT BE PROCESSED UNLESS THE WAIVER AND INDEMNITY FORM OVERLEAF HAS BEEN SIGNED.