



BUS TRANSPORT REQUEST FORM (2021)

Please complete the form and hand in at Reception or mail to: admissions@almainternational.co.za
admin@almacambridge.org.za

Name and Surname: (Parent/Guardian) _____

Name and Surname: (Child) _____ in Gr _____

Name and Surname: (Child) _____ in Gr _____

Name and Surname: (Child) _____ in Gr _____

I hereby request to make use of the Alma Mater bus transport for the above children.

Morning route

Afternoon

Both Morning and Afternoon routes

1st Contact number: _____

2nd Contact number: _____

Any other relevant information:

PLEASE NOTE:

- Alma Mater uses **centrally located collection points** for the morning transport
- Students will be dropped off at their home address in the afternoon as far as it is possible
- Fees are charged monthly in advance only and strictly payable monthly in advance
- No **“CADDY-TYPE”** trolley bags/suitcases are allowed on the buses

SIGNATURE: (Parent/Guardian)