

SCHOOL BUS SERVICE REGISTRATION FORM

SCHOOL YEAR 2007-2008

STUDENT INFORMATION (To be filled-up by Parent/Guardian)

Bus Number: _____

Name: _____ M _____ F _____ / _____
Last First Middle Grade & Section

Home Address: _____

Tel.No: _____ Father's Mobile : _____
Mother's Mobile : _____ Fax: _____

AREA	AVAILMENT	RATE	PERIOD COVERED
_____ Subic Mart/Subic Gas	Round Trip /One Way	_____	QTR / SEM / SY
_____ Park and Shop	Round Trip /One Way	_____	QTR / SEM / SY
_____ Kalayaan Mini Mart	Round Trip /One Way	_____	QTR / SEM / SY
_____ Subic Homes Office	Round Trip /One Way	_____	QTR / SEM / SY

Please send bill to:

Contact Person: _____ Position: _____
Company Name: _____
Address : _____ Tel.No. _____

Parent's/Guardian's Signature
Over Printed Name

Date

FOR OFFICE USE ONLY:

_____ Round Trip _____ One Way

Beginning Date : _____ Transportation Supervisor: _____

O.R. No: _____ Amount Paid: _____ Date: _____ Cashier: _____

Procedure:

1. This form must be filled out when requesting for Bus Pass.
2. Fill out the necessary information and attach 1 1x1 photo for each pass requested.
3. Proceed to the Cashier's Office and present this form for payment of Php 75.00 per pass.
4. Submit this form and present Official Receipts at the Admin Office
5. You may claim your pass after 2 days from date submitted.