



BUS REGISTRATION FORM

Parents Information/ Guardian Information

1. Parents Name: _____ Phone Number _____
2. Parents Name: _____ Phone Number _____

Student's Information

1. Student's Full Name: _____ Grade _____
2. Student's Full Name: _____ Grade _____
3. Student's Full Name: _____ Grade _____
4. Student's Full Name: _____ Grade _____

Transport Options (please tick the appropriate box)

(KES)	One Way Termly	Round Trip Termly	KMS
Runda/Thindigua/ Evergreen/Four Ways/Ridgeways Areas	17,500 AM <input type="checkbox"/> PM <input type="checkbox"/>	25,000 <input type="checkbox"/>	1-5
Westlands/Parklands/Garden Estate/Muthaiga/Rosslyn Areas	24,500 AM <input type="checkbox"/> PM <input type="checkbox"/>	35,000 <input type="checkbox"/>	6-14
The Hub Karen/ Mombasa Road/ Loresho/Lavington Areas	35,000 AM <input type="checkbox"/> PM <input type="checkbox"/>	50,000 <input type="checkbox"/>	15+

Residential Address

City	
Estate	
Street/ Road Name	
Apartment Name	
House/ Apartment Number	
Landmarks/ Additional Info	

Parent's signature: _____ **Date:** _____