



BUS REGISTRATION FORM

Parent Information/ Guardian Information

1. Parent's Name: _____ Phone Number _____

2. Parent's Name: _____ Phone Number _____

Student 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	21,450 <input type="checkbox"/> AM <input type="checkbox"/> PM	30,250 <input type="checkbox"/>	1-5
Westlands/Parklands/Garden Estate/Muthaiga/Rosslyn Areas	29,700 <input type="checkbox"/> AM <input type="checkbox"/> PM	42,350 <input type="checkbox"/>	6-14
The Hub Karen/Mombasa Road/Loreshe/Lavington Areas	42,350 <input type="checkbox"/> AM <input type="checkbox"/> PM	60,500 <input type="checkbox"/>	15+

Residential Address

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

Parent's signature _____ Date _____

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