

Kowloon Ling Liang Church Kindergarten Change of School Bus Service Application

Date received: _____ (For Staff Only)

To be filled by the applicant			
Student Name		Class	
Parent's Phone No.			
	Pick-up / Drop-off point	Pick-up / Drop-off time	Effective date
Pick up (school bus:)			
Drop off (school bus:)			
Points to note: 1. Please email the application form to klckg@klck.edu.hk. 2. The school bus fee is charged on a monthly basis from the 1st to the last day of such month. 3. Every effort will be made to accommodate your request on the preferred bus route. You should submit the application form 10 days before the effective date. We ask for your understanding that the bus route is subject to change and we may not be able to make necessary arrangements due to actual traffic conditions. 4. If you would like to cancel the service, please fill in the Change of School Bus Service Application Form one month in advance of the effective date of cancellation of service, prior to the first day of each month, to receive a full refund. Otherwise, you will only receive a proportional refund: 2/3 of the bus fee will be refunded for request received 20 days prior the cancellation date; 1/2 of the buss fee for request received 15 days prior the cancellation; No refund will be made for request received less than 15 days prior the cancellation date. (For cancellation effective from July, a written notice must be given before 1st June.) 5. If you have cancelled the service in July and would like to re-join the service again in August (new school year), you are required to submit a new application by filling out the "School Bus Service Application Form". We will make corresponding arrangements if seat is available. 6. If you would like to request for change of school bus service, please fill out the "Change of School Bus Service Application Form".			
Application Result (For staff only)			
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected (Reason: _____)			
Follow-up:			
<input type="checkbox"/> Getting the signature of relevant parties Name of responsible staff: _____ Signature: _____			
<input type="checkbox"/> Providing school bus info Name of responsible staff: _____ Signature: _____			
<input type="checkbox"/> Refund \$ _____ Name of responsible staff: _____ Signature: _____			
<input type="checkbox"/> Others _____ Name of responsible staff: _____ Signature: _____			
		Mon-Fri	Sat
Pick-up point:	(School bus:)	Time:	Time:
Drop-off point:	(School bus:)	Time:	Time:
Fee : HK\$ _____ <input type="checkbox"/> Cheque <input type="checkbox"/> Autopay <input type="checkbox"/> Bank transfer			
Principal's signature:		Date:	
Relevant person's signature:			
Panel head:		*Driver responsible for pick up:	
Secretary:		*Driver responsible for drop off:	
*Class teacher:		An info note should be given to persons with an *	

The true copy of the form should be kept by the accountant and the soft copy by the school bus company.
Date received: _____ (to be filled by the accountant)

Revised date: 06/01/2021
Klckg/Sch.bus/Admin/002