

School Bus Feedback Form

Name of student/s	
Class	
Parent Name	
Parent Contact Number	
Parent Contact Email	

Please tick () the appropriate box and fill out the bus service details related to your concern:

AM BUS No _____ Pick-up time _____ am

PM BUS No _____ Drop-off time _____ pm

CCA Bus _____ Date ____ - ____ - ____ (dd/mm/yyyy)

Feedback

Please continue on a separate sheet if necessary and email your complete form to aisbus@jtt.com.sg.
Alternatively, you may submit your feedback to the Johnson Transport Office at Room S328 Level 3 Lower Elementary School Building Gate 3.