

Children's Wishing Well

365 Clementi Avenue 2 #01-503 Singapore 120365 | T: 65 6777 0041



info@wishingwell.org.sg



www.wishingwell.org.sg



[ChildrensWishingWell](https://www.facebook.com/ChildrensWishingWell)

Transport Subsidy Application Form

For Official Use

1. **Description:** It is a programme that provides bus concession pass at zero cost to students who live more than 1.5km away from school, and with a monthly Per Capita Income of less than \$300. This is to ensure that students are not missing school due to transport issues or inability to pay for transport.
2. **General terms and conditions:**
 - a) Each child will receive a monthly bus concession pass for the school year.
 - b) The bus concession pass is provided for the length of the school year and is subject to renewal at the end of this period. Students must maintain 80% attendance in school and at Children's Wishing Well (CWW), and submit their report books quarterly for verification. CWW reserves the right to terminate the subsidy at its sole discretion without prior notice.
 - c) Students will need to re-apply for the subsidy after the school year ends.
3. **Verification:** A copy of Beneficiary's Birth Certificate and parents' / guardians' NRIC must be submitted together with parents'/guardians' income and/or CPF statements for identification and verification's purposes. ***The personal data collected will only be used for administrative purposes and will not be shared with any external sources without your expressed consent.***

A. ABOUT THE STUDENT

Name	NRIC / Birth Certificate No.
Date of Birth	School & Class

B. THE FAMILY / GUARDIAN

Father / Guardian	Mother / Guardian
NRIC	NRIC
Occupation	Occupation
Salary	Salary
Contact Number	Contact Number
If not working, what are the reasons?	
Address	
Size of Flat	No. of People Living in the Flat:
Who Are Living in the Flat	Rental or Owned/Monthly Rent: (Please submit rental contract)

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C. THE SITUATION (This section to be filled strictly by the Nominator)

Other Assistance Received:	
<input type="checkbox"/>	MOE FAS
<input type="checkbox"/>	Others (please list): _____
Distance from home to school (km): _____	
No. of transfers needed	: _____

I, _____ (Parent / Guardian), NRIC / Passport _____ hereby certify that the information provided above are true. I consent to allowing Children's Wishing Well to verify my family's information with the relevant agencies. I consent to the usage of my child's photographs for Children's Wishing Well's publications, both printed and electronic.

.....
(Signature & Date)

D. NOMINATOR'S DETAILS (please rubber stamp and sign)

NAME OF SCHOOL/ ORGANIZATION:	
CONTACT PERSON & JOB TITLE	EMAIL & CONTACT NUMBER
I confirm that the above information is correct. (Name, rubber stamp, signature and date)	

E. APPROVAL STATUS

Approved Approved with changes: _____ Not Approved

Name & Title: _____ Date & Signature: _____