

TM DESTINATION MANAGEMENT

PO BOX 16296
PRETORIA NORTH
0116

TEL: 012 702 1069
CELL: 079 145 9989
EMAIL: destinationmanagementtm@gmail.com

Greetings to all and best wishes for the new year. We as a company have been transporting pupils to and from Bekker school for a period of nine (9) years. We appreciate the great support we have received from school and parents.

We like to welcome you to our company and we hope that you will enjoy working with us. Our mission is to meet and exceed the expectations of our customers by maintaining good relationships.

Our main priority is to transport our clients in style and quality. We believe that this will distinguish us from the rest and that you will always remember us.

TERMS AND CONDITIONS:

- We pick children up from home to the school gate (Door to Door)
- Every child has to be ready at 13h00 on Sundays.
- We will wait max 10 minutes for a child. After that, the transport will leave.
- We collect children from school at 14h30pm on a Friday. If the child has extra activities parents must arrange their own transportation.
- Please inform us if a child is sick or not going to school to avoid delaying other kids.
- Transport to and from Pretoria = R700-00 per month.
- Transport to and from Brits = R600-00 per month.
- Please pay the driver at the end of the month.
- If you pay by EFT, please give the proof of payment to the driver.

Our banking details are:

TM Destination Management
FNB
Branch Code: 250 055
Acc No: 623 171 50788
Ref: Child's Name

- Make sure your child is on time at the bus stop.
- No smoking, drinking, fighting or buoying will be allowed on transport.
- **Our routes include:**
 - Pretoria North
 - Wonderpark
 - Soshanguve
 - Mabopane
 - Brits Mall
 - Ga-Rankuwa
 - Hartebees

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THIS APPLICATION IS FOR THE SCHOOL YEAR 20_____

INSTRUCTIONS:

- This form must be completed by parents/guardians and handed to us
 - Separate application forms must be completed for each child
 - Each form must be accompanied by R75-00 non refundable fee to secure space.
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PARTICULARS OF PUPIL:

Surname _____

First Name _____

Date of Birth _____

Present Grade _____

Home Language _____

PARTICULARS OF APPLICANT:

Relationship to learner _____

Surname _____

First Name _____

Identity Number _____

Present Address _____

Postal Address _____

Work Address _____

Home Tel Number _____

Work Number _____

OCCUPATION OF APPLICANT:

Father of Learner _____

Mother of Learner _____

Guardian of Learner _____

CONTACT IN CASE OF EMERGENCY:

Initials and Surname _____

Tel No _____

Initials and Surname _____

Tel No _____

MEDICAL TREATMENT:

In case of emergency or my child being sick, I give permission that all costs will be for my account

Signature _____

I declare that the above mentioned information, furnished by me is true and correct.

SIGNATURE

DATE

WITNESSES:

1. _____

2. _____