MAKUHARI INTERNATIONAL SCHOOL MIS

Fax to: 043-296-0186

School Bus Cancellation Form

＊Please use this form only when your child will not be absent/late/leaving early (see other forms) but purely for cancelling the bus service.

Student ID Number: _____

Child's Name: _____, _____, _____

Last Name First Name Middle Name

Class: _____ Teacher: _____

My child will NOT be using the school bus service for the

↓ Please circle.

(morning / after school / both ways).

On _____ , _____, 20 .

Date Month

Bus Route _____ Bus Station _____

・Does your child use after school care? Yes / No

Parent signature: _____ Parent name (print): _____

Date: ____/____/ 20____

Day Month Year

Office Use	Office Use