

# CESSATION OF SERVICE FORM



RIDE2SCH.COM SHUTTLE SERVICES, Plot 1001 Gaba Road,  
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STUDENT

UNIQUE CUSTOMER IDENTIFICATION NUMBER:...../...../...../.....

## STUDENT / PUPILS DETAILS CUSTOMER

First Name: ..... Middle: ..... Family: .....

Date of Birth:..... Sex:Male/Female:.....

Nationality.....

PARENT/GUARDIAN

## PARENT/GUARDIAN DETAILS

First Name:..... Family Name..... Nationality:.....

Telephone-Work: ..... TelephoneMobile.....

Telephone-Home: .....

Home Address: ..... E-mail:.....

Company Name: .....

P.o.Box No:..... City:..... Occupation:.....

NOTICE

## NOTICE:

I would like to NOTIFY you that my child .....with Unique Customer Identity...../...../..... Shall not be using the Shuttle service effective..... We live at..... and use Route No:.....

The reason we have stopped using the shuttle is because

.....  
.....

FEEDBACK

## FEEDBACK:

We strongly recommend that you attend to the following issues that will improve the School Shuttle service:

1. ....
2. ....
3. ....

### ADMISSION NOTICE:

Please note that any Refunds will be processed against any outstanding invoices on your account.  
The company reserves the right of Re-admission.