SG ENABLE

Inclusive society, Enabled lives.

SCHOOL VERIFICATION FOR TAXI SUBSIDY SCHEME FOR PERSONS WITH DISABILITIES
(To be completed by the School)

Please tick ☑ where applicable
*Please circle which applies

A. STUDENT'S PARTICULARS

Name: (Mr/Mrs/Mdm/Ms/Miss)*

Identification Type: ◯ NRIC – Singapore Citizen, Permanent Resident ◯ Foreign Identification Number

Identification Number:

B. SCHOOL VERIFICATION

School Name:

Postal Code: S

Unit No.: # -

#0-0 if there is no unit no.

Start Date of Course: (DD/MM/YYYY) / /

End Date of Course: (DD/MM/YYYY) / /

Course Name:

No. of school days per week: _____ (e.g. fill in "5" if on 5-day school week from Mon to Fri)

C. DECLARATION

I declare the information provided in Section B above to be true and correct.

Name of School Principal | Signature | Date

School's Stamp | Contact No. | Email

SEND APPLICATION TO

Mailing Address : SG Enable — Taxi Subsidy Scheme
20 Lengkok Bahru, #01-01, Singapore 159053

Email : TSS@sgenable.sg