Mt HAGEN INTERNATIONAL SCHOOL
P.O. Box 945, Mt Hagen. W.H.P. 281
Ph: (675) 542 1964/ 542 3000- Fax: (675) 542 1840
Email: info@hagen.iea.ac.pg - Website: www.iea.ac.pg

Incorporating,
> Early Childhood Education
>International Primary School
>School Association Housing Units

We Strive.....BE SAFE BE RESPECTFUL and BE A LEARNER.....at MHIS

"The Right Start For Your Child"

SCHOOL BUS SERVICE 2026

The school operates a school bus service to our parents with the hope to provide affordable transport from home to school daily. I extend our invitation to parents who wish to use this service to register at the school's front office.

There is for morning pick-up and drop- off service available for students at our school, ***STRICKLY (town arear, Newtown, T-school, Warakum, Tarangau and Airport arear ONLY)***
This service has a charge of **K500.00** per term both ways and a **K2,000.00** for the whole year per student. This fee is payable at the start of each term. A bus pass will be issued on payment of the charge. Only children with bus passes are entitled to travel on the bus. Parents must give at least a minimum of a week's notice of their intention to withdraw their children from this bus service.
Seats on this service are limited and a waiting list may have to be established.

To apply for a space on the school bus, please complete the slip below and return it to the school office as early as possible as spaces fill up very quickly and a waitlist may have to be made.

Safety on the bus is our paramount concern. Any behavior which may distract the driver will be treated seriously. Students will receive one formal warning and then will lose their place on the bus. There will be no refund on the bus fare.
If you wish to discuss any matter relating to the school bus, please contact me through the school office.

Ms. Kolis Waira
School Principal

MOUNT HAGEN
INTERNATIONAL SCHOOL
P. O. Box 945, Mt. Hagen
Western Highlands Province
Phone: 542 1964

.....

I would like a place for my child/children on the school bus this year. My child/children will travel on both ways/morning only/afternoon only. (Please circle appropriate selection)
Number of children; _____

	Names:	Grades:
1.	_____	_____
2.	_____	_____
3.	_____	_____

Section: _____ Lot: _____ Street: _____ Suburb: _____

Name: _____ Signature: _____ (Parent/Guardian)