

BUS FACILITY WITHDRAWAL FORM

Name of child: _____ Admn. No.: _____

Class: _____ Date of Withdrawal: _____

Bus route no.: _____ Bus Stop: _____

I would like to withdraw my ward from the bus.

Parent/Guardian's Name: _____

Sign. with date: _____

Note: This form must be submitted in the school Transport Department office three months prior to the month of discontinuation.

Acknowledgement

Received bus withdrawal form from Mr./Ms. _____

Parent/guardian of _____ Class/Sec.: _____

Admission. No. _____ .

Date: _____

Transport Supervisor