

## BUS FACILITY WITHDRAWAL FORM

Name of child: \_\_\_\_\_ Admission 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 one month prior to the month of discontinuation. No transport withdrawal requests will be accepted in the fourth quarter (January to March).**

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### Acknowledgement

Received bus withdrawal form from Mr./Ms. \_\_\_\_\_

Parent/guardian of \_\_\_\_\_ Class/Sec.: \_\_\_\_\_

Admission. No. \_\_\_\_\_

Date: \_\_\_\_\_

Transport In charge