

SCHOOL BUS FACILITY FORM

Name of child: _____ Admission No.: _____

Class: _____ Date of Joining: _____

Bus route no.: _____ Bus Stop: _____

Parent/Guardian's Name: _____

Sign. with date: _____

Note: Bus allotment is the subject to the availability of seats and the designated stop on the selected route. No transport withdrawal requests will be accepted in the fourth quarter (January to March).

Acknowledgement

Received form from Mr./Ms. _____

Parent/guardian of _____ Class/Sec.: _____

Admission. No. _____

Date: _____

Transport In charge