

ANGEL'S PUBLIC SCHOOL



APPLICATION FOR CHANGE IN TRANSPORT FACILITY

Date

APPLICATION FOR TRANSPORTATION FACILITY WITHDRAWAL CHANGE OF BUS ROUTE/STOP

APPLICANT'S PARTICULARS

1. Name
2. Class Section Admission Number
3. Father's/Guardian's Name
4. Address
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.....
5. Phones: (R) (O)

APPLICATION DETAILS

FOR AVAILING SCHOOL TRANSPORT

Please allow my child/ward mentioned above to avail transportation facility being provided by the school with effect from Bus No. Bus Stop No. would suit my child/ward. I hereby agree to pay all charges to the school for providing the said facility.

REASON
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FOR CHANGE OF BUS STOP AND/OR BUS ROUTE

My child/ward is using Bus No Bus Stop No. Please change the same to Bus No. Bus Stop No. with effect from (this date should be the beginning of month).

REASON
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FOR WITHDRAWAL OF TRANSPORT FACILITY

My child/ward is using Bus No Bus Stop No. Please cancel the transportation facility with effect from (this date should be the end of month). Transportation fee has been paid till the month of

REASON
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Signature of Parent