

PHOTO

ST. JOSEPH'S SCHOOL

ROSARY COTTAGE, ORLEM, MARVE ROAD, MALAD (WEST), MUMBAI – 400 064

APPLICATION FORM FOR SCHOOL BUS SERVICE

Academic Year : _____

Date : _____

1. Name of the Student : _____

2. Student ID No. : _____

3. Standard : _____ Div : _____

4. Date of Birth : _____ Blood Group : _____

5. Address : _____

6. Landline No. : _____

7. Mobile No. : _____

Important Note:

1. Bus service once taken will not be allowed to discontinue for a minimum period of one academic term. (June to November Ist Term & December to May IInd Term)
2. Parent / Guardian should give minimum of one month notice in advance to discontinue the bus service.
3. Bus Fees should be paid every month without fail along with the school fees.

Parent's / Guardian' Signature

For office Use Only

1. Bus No. : _____ Route : _____

2. Date of Joining : _____

3. Date of Registration : _____