

**ST. JOHN'S PUBLIC SCHOOL
SOUTH PARAVOOR**

Kindly paste the
Latest coloured
Photograph of
your ward

TRANSPORT DEPARTMENT
APPLICATION FORM FOR SCHOOL BUS FACILITY

SESSION:

DATE:

NAME OF THE CHILDCLASS.....SECTION.....

FATHER'S NAME.....

MOTHER'S NAME.....

DATE OF ADMISSION:ADMISSION NO.....

Whether the Child was availing Transport in previous year: YES / NO (TICK THE OPTION)

ADDRESS.....

TELEPHONE NO (M).....OFFICE.....RESIDENCE.....

NEAREST LAND MARK OPTED FOR PICK & DROP.....

DECLARATION: Place of Pick & Drop mentioned in above form is acceptable to me.

PARENTS SIGNATURE

.....

FOR OFFICE USE

ROUTE NO.....BUS NO.....TEACHER IN CHARGE.....

FEE AMOUNT.....PERIOD.....

TRANSPORT I/C

PRINCIPAL

.....

PLACE NOTE:

- Transport is a facility extended to the students of the school and is not a matter of right for parents. The school reserves the right to add/after or withdraw this facility on any of these routes with due notice to the patents.
- The routes can also changed in case of repair of the roads etc by civic authorities and no advance notice will be given to the parents or students in this regard. Such changed will remain operative till the time when the road is declared open and safe by the authorities.
- Parents are also requested not to make any comparison with other school routes and stops etc.