

BOSTON PUBLIC SCHOOL

Date :

APPLICATION

- FOR CHANGE OF BUS ROUTE/STOP TO AVAIL TRANSPORTATION FACILITY
 FOR WITHDRAWAL OF TRANSPORT FACILITY

STUDENT PARTICULARS

1. Name _____
2. Class _____ Sec. _____ Enrolment No. _____
3. Father's / Mother's / Guardian's Name _____
4. Address _____

5. Email ID _____ Mobile No. _____

DETAILS OF APPLICATION

Please tick

- Please allow my child / ward to avail transportation facility being provided by the school with effect from the Stop Point Area _____ would suit my child/ward. I hereby agree to pay all charges to the school for providing the said facility.
- Previous Bus Stop Point _____ New Bus Stop Point _____ Previous Bus No. _____ New Bus No. _____ I understand that this date should be from the beginning of month and bus accommodation is available subject to availability of seats.
- My child/ward is availing Bus No. _____ Bus Stop No. _____ Please cancel the transportation facility with effect from (this date should be end of month). I have paid Transportation fee till the month of _____.

Signature of Father _____ Signature of Mother _____

FOR OFFICE USE ONLY

Received by Admin. Office on
Transport Identification No.

Authorized Signatory