



ST. THOMAS SCHOOL

Ref No :

Dated

APPLICATION FOR AVAILING SCHOOL BUS FACILITY

I (Father/Guardian).....

R/o (Full Address).....

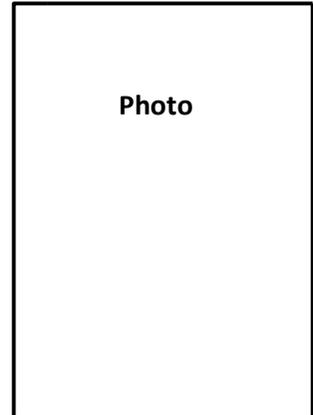
.....

wish to avail the School Bus Facility for my ward Master/Miss

.....of Class/Section.....

Admn No :from the pick up point

.....



Undertake that :-

1. I shall abide by the instructions given by the School and shall pay the fare regularly without fail.
2. I shall intimate the school at least 30 days in advance in case I desire to discontinue the facility, failing which I shall be responsible for the payment.
3. I shall pay the Bus Fare for 11 months in a year.
4. I shall not withdraw my ward in the last quarter of the academic year.

Signature :-

Name :-

**Please submit the duly filled form at the School's office - Transport Counter.*

FOR OFFICE USE ONLY

The request for availing the school bus is considered and the ward of Mr/Mrs_

..... is hereby permitted to travel in Bus No..... of

Route No..... w.e.f..... subject to the above condition.

Authorised Signatory