



S.E.D. SR. SEC. SCHOOL

DHANI SHANKAR (BHIWANI)
Affiliation No. 531065

Student's
Photograph

(use Capital Letters Only)

Transportation Form

Admission No.

We request that our son/daughter / ward particulars are given below may be permitted to use the School Bus for his / her journey between and S.E.D. Sr. Sec. School w.e.f.

INFORMATION ABOUT THE STUDENT

Route No.

First Name Last name

Gender : Male Female

Date of Birth D M Y

Age

Class Section

Home Address

Phone (Residence) Phone (Office)

Emergency Contact Telephone No. / Mobile No.

DECLARATION :

1. We undertake to pay the bus fees according to the rules in force from time to time.
2. We understand that it would be our responsibility to drop and pick-up our child/ ward at/from the specified Bus-Stop.
3. We accept that the bus facility is extended to our child/ward at our own risk / responsibility.
4. We understand that our child/ward be allowed to travel in the bus only if seat is available on the route.
5. We have read and do, hereby, consent to the terms and conditions regarding transportation.

.....
Signature of Father/Guardian

.....
Signature of Mother/Guardian

.....
Full Name of Father/Guardian

.....
Full Name of Mother/Guardian

Date

Noted and transportation allotted to student

Date

Sign. of Transport Incharge