



ST. THOMAS SCHOOL, INDIRAPURAM

FORM FOR CHANGE OF BUS ROUTE

S.No.....

Academic Year: 20.....20.....

Name of the Student :.....Class :.....Section:.....

Father's/ Guardian's Name :.....Admn No.:.....

Present Residence Address :.....

Changed Residence Address:.....

Present Route No. :.....New Pick up Point:.....

Date :.....

Signature :-

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

FOR OFFICE USE ONLY

The request for change of Bus Route from(Present Bus Route) to

.....(New Bus Route) is hereby granted w.e.f.....

Authorised Signatory