



ST. THOMAS SCHOOL, INDIRAPURAM

FORMAT FOR WITHDRAWAL OF SCHOOL BUS FACILITY

S.No.....

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

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

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

Residence Address :.....

Route No. :.....w.e.f.....

Date :..... Signature :-

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

**Withdrawal of transport during last quarter is not permitted.*

FOR OFFICE USE ONLY

The request for withdrawing the school bus facility of..... is hereby permitted w.e.f.....

Authorised Signatory