

ST. THOMAS SCHOOL, LONI



SCHOOL BUS WITHDRAWAL FORM

S.No..... Academic Year: 20.....20.....

Name of Student:

Class/Section: Admission No:

Route No:

Name of Parent/Guardian:

Contact No:

Have you given 1-month notice for transport? Yes..... No.....

Date of Withdrawal Notice:

Effective Date of Withdrawal:

Reason for Withdrawal:

Signature of Parent: Date.....

Key Points to Note: -

***Please submit the duly filed form at the school's office-Transport Counter.**

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

FOR OFFICE USE ONLY

The request of withdrawing the school bus facility of.....

Is hereby permitted w.e.f.....

Authorised Signatory