



ST. THOMAS SCHOOL

SAHIBABAD

(Sector-IV, Lajpat Nagar, Sahibabad Ghaziabad- 201005)

Ref No

Dated

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

STUDENT TRANSPORT REGISTRATION FORM

I (Father/Guardian)..... desire to avail your School

Bus Service for my ward Master/Kumari.....

Residence (Of).....

Of Class/Section.....Admission No.....

Pickup point (Location & Landmark)

Mobile no.1.....Mobile no.2.....

Any siblings studying in the school (Y/N). If (Y) details are: -

Name..... Class & Section..... Route.....



Rules & Regulations

*I/We undertake that we will abide by all the rules and regulations of the school as mentioned overleaf and also those which are enforced from time to time: -

1. I 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 service 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.
5. We both are employed / no body at home to pick our ward; we request you to drop him/her at our bus stop at our risk and responsibility. **Please tick.....(√).**

Signature: -

Name: -

**Please submit the duly transport form at school 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 Route No.....

Wef..... subject to the above condition.

Authorized Signatory