

SAT PAUL MITTAL SCHOOL

Affiliated to CISCE vide Regd. No. PU-066

URBAN ESTATE, PHASE-II DUGRI, LUDHIANA-141002

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SCHOOL TRANSPORT REQUISITION FORM: 20__ 20__

School Transport is **required/not required** for my ward_____

Class_____ Section_____ Registration No. _____

Address_____

Residential Telephone No._____ Office Telephone No._____

Emergency Contact No.:_____

FOR OFFICE USE ONLY

BUS NO. _____

STOP: _____

Any Specific landmark near residence: _____

I am aware that limited bus service on certain routes may be provided and the School Authorities reserve the right to re-route/withdraw/cancel/ the bus service partially or wholly as and when considered necessary if there is no one to receive the child at the bus stop when dropped. The school shall not be responsible for ensuring the safe return of the child from the bus stop to his/her residence or for any injury/other loss that may result.

I appreciate that the school needs a commitment from all users in order for the bus to be financially viable and hence make a commitment to pay the fees on quarterly basis.

I confirm that if my ward uses the school transport, I will agree to abide by all the rules and regulations laid down by the school regarding provision of transport.

Note- Fees of the transport is collected quarterly and once collected will not be

refunded even if the child withdraws from the facility. If the child withdraws in the last month of the quarter, he/she will pay the transport fees for the following month also.

Signature of Parent_____

Name of Parent _____

Date _____