



TRANSPORT APPLICATION FORM

I wish to apply for my child/children to use the school transport with effect from (date) _____

Name of Child: _____

Group _____ Class _____

Address: _____

Contact details:-

	Mobile Number	Office Number	Home Number
Mother			
Father			
Emergency Contact * Relationship -			

Please tick () any one option given below:

- Morning Pick up only
- Afternoon Drop only
- Both ways

Following to be completed only in consultation with the transport in-charge at transport office located at pre primary building:

- a) Approximate distance between school and home _____
- b) In case of any transport problems, can the family arrange a car pool? _____
- c) Where will the child be picked up from? _____
- d) Where will the child be dropped everyday? _____
- e) Who will receive the child? _____
- f) Will a responsible adult be at home when the child reaches home? _____

IMPORTANT NOTE:

- a. While it is not feasible to drop and pick up students from their doorstep, we do try and accommodate the nearest bus stop for everyone keeping in mind the timings and routes.
- b. You will be invoiced every quarter for both ways even if your child travels one way.
- c. In case of withdrawal from school transport, one advance calendar month written notice should be given or a fee equivalent to one month's fee will be charged.

DECLARATION:

- a) While I expect the school authorities to exercise reasonable precautions to avoid any injury / accidents, hence I understand that the school has no financial obligation for any injury or accident that may occur while the child is travelling in a School transport.
- b) I understand that in the event of a medical emergency, every effort will be made to notify parents/guardian as soon as possible.
- c) In case of a minor injury the child will be given first aid available in the school bus.
- d) I understand that the routes are subject to undergo revision post summer break and diwali break.
- e) I understand that either one of the parents will be expected to do transport duty once a month, morning and afternoon alternately.

Mother's Name _____ Signature _____ Dated _____

Father's Name _____ Signature _____ Dated _____

Please note: - Request all parents to kindly submit the transport application form to the transport In-charge located at pre primary building and note that it is the responsibility of the parent / guardian to notify the transport In-charge in writing of any changes to the information given in this form.

