

Name:

NATIONAL PUBLIC SCHOOL

CHIKKABANAVARA, BANGALORE.

Request for Transport Facility

D - 1 -											
Date:	 ٠.										

(Fill the application in CAPITAL letters only)

Name of Parent / Guardi	on: Mr /Mrs		
Name of the Student : I	an: Mr/Mrs	Grade:	Sec:
Contact No. (Father):	Contact No. (Mother):		
contact ivo. (rather).	Contact No. (Mother).		
Home Telephone No:	Alternate Emergency Contact No:		
Email Id:			-
Address:			
Dear Sir/ Madam,			
This is to inform you that	I would like to avail the transport facility for my son /	daughter	as under:
Pick up point:	Drop point:		
Land mark:	Landmark:		
Route No:	km (Fees Per Annum):		(For Office Use)
Note:			528 52
 submit the form du Nodal pick up poin the time managem In case of any char update the change facility allocation. 	ire currently availing this facility and wish to continue for the currently availing this facility and wish to continue for the ly filled before the end of the current academic year. Its and exact routes of the buses will be derived based on ent that benefit all students (Door to door pick up and dropinges in above mentioned details from the date of transpores before 30 days of academic year commences. Delay in	majority u p by school rt request,	sers and keeping in mind buses is not available). parents are requested to
Instructions:			
	ested to maintain discipline in the school bus.	. 11	a carte that has
	e seated in their respective seats allotted and are not	allowed t	b eat in the bus.
 Students who avaithrowing articles 	n pick up point before 5 minutes early. All the School Transport System are hereby instructed out of the bus etc. will be tolerated. If found, such studies facility and will have to make their own arrangements.		
5. Pre-Primary and	Primary children will only be handed over to parent/g will be brought back to school. Parents are requeste	TO THE SECOND SECOND	
	vill not be refunded. We are not responsible for you	r valuable	belongings lost in the
	e transport charges as applicable.		
Thanking you,	S M MARCE AND THE OPEN AND APPROPRIATE		
Signature of Parent / Gua	ardian I	Received	by NPS Authority

Name: