

USPC JAIN PUBLIC SCHOOL

The Principal
 USPC JAIN PUBLIC SCHOOL
 Chandigarh Road, Jamalpur
 Ludhiana-141010 (Pb.) INDIA

SUB: REQUEST TO AVAIL SCHOOL TRANSPORT FACILITY

Sir/Madam

1. My Son/Daughter named _____ ID No. _____
 is a student of class _____ / has sought admission in class _____ during
 session _____ in your school.
2. I want to avail school transport facility for my son / daughter at my own risk and responsibility.
3. I will pay the transport charges as decided by the school authorities.
4. I understand that the school transport facility is not a mandatory service to be provided by the school. It is for the
 convenience of the student and the parents. This facility can be altered or withdrawn any time at short notice at
 the sole discretion of the school management. I shall not claim any refund/compensation in this regard.
5. The particulars of my son/daughter are as follows:

Name of student: _____ Class: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Address: _____

Contact number: (R) _____ (O) _____ (M) _____

Person to be contacted in case of emergency: (If parents are not available)

Name: _____ Tel. No. (LL) _____ (Mob) _____

I promise to abide by the school transport norms.

Signature of the Parent

FOR OFFICE USE ONLY

Route Allotted: _____	Charges: _____
Name of Driver: _____	Conductor: _____
Charges Applicable: As per the booklet.	

Authorised Signatory

Principal