



DAV PUBLIC SCHOOL

(Managed by: DAV College Managing Committee, New Delhi)

TRANSPORT FORM

Registration No :

Admission No :

Session :

Name of the child:

Father's Name :

Class & Sec :

Residential Address: -----

Phone No E Mail..... (Emergency No.)

We will pay fee according to the school transport rate.

1. We understand that it would be our responsibility to drop and pick-up our child at/from the specified bus stop.
2. We accept that the bus facility is extended to our ward at our own risk and responsibility. School will not be held responsible for any mishappening, if occurs during transportation.
3. We understand that ward will be allowed to travel in the bus only if seat is available on the route.
4. We understand that school has the right to withdraw the bus facility at any time with prior notice and we will have no objection to it.
5. In case, we intend to withdraw the bus facility, due to change in address, a one-month prior notice has to be given to the school authorities failing which we may be asked to deposit one month transportation charges as applicable on our respective route.
6. In case, we intend to avail bus facility in the mid of session, fee according to the specified route will be charged from July onwards.
7. We will pay transport fee of 11 months in a year or from the month availed transport till the end of the session.

We have read and do hereby give consent to the terms and conditions regarding transportation.

We have gone through the rules & regulations with regard to school transport and we request that our son /daughter whose particulars are given above may be permitted to use the school bus for his / her journey fromroute No. to DAV Public School Sahibabad w.e.f. on permitted existing routes by school.

(SIGNATURE OF PARENTS/GUARDIAN)

NAME:

REMARK BY TRANSPORT INCHARGE

ROUTE NO. ALLOTTED **BUS STOP**

(Transport Incharge)

Please affix a recent coloured Photo of the Child