



IHHS Academy, Bathnaha

Affiliated to C.B.S.E., New Delhi

TRANSPORTATION FORM

[USE CAPITAL LETTERS ONLY]

We request that our son/daughter/ward whose particulars are given below may be permitted to use the school bus for his / her journey between And IHHS Academy, Bathnaha w.e.f.

We do not wish to use school transport for our child.

*Please affix
a recent
colour photograph
of the child*

FAMILY INFORMATION

Last Name of the Child

First Name of the Child

Gender

Male Female

Date of Birth

D	M	Y

Age

Class

Section

HOME ADDRESS

PHONE NUMBERS

Res.:
Off.:
Emergency/Mobile:

DECLARATION

- (i) We undertake to pay the bus fees according to the rules in force from time to time.
- (ii) We understand that it would be our responsibility to drop and pick-up our child at / from specified bus-stop.
- (iii) We accept that the bus facility is extended to our ward own risk and responsibility.
- (iv) We understand that our ward will be allowed to travel in the bus only if seat is available on the route.
- (v) We have read and do hereby consent to the terms and conditions regarding transportation.

NOTE

Fees each month has to be paid by the 10th of the running month, otherwise late fine of Rs. 20/- will be charged from the 11th of the running month.

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Signature of Mother/Guardian

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Signature of Father/Guardian