



# SRI VAGISVARI VIDYA MANDIR

2/59,PILCHINNAMPALAYAM(MANALMEDU),VALAPRAI MAIN ROAD  
SAMATHUR(PO),POLLACHI - 642123. PHONE :271614

APPLICATION FOR TRANSPORTATION FACILITY  WITH DRAWAL  CHANGE OF BUS ROUTE/STOP

## APPLICANT'S PARTICULARS

1. Name .....
2. Class ..... Section ..... Admission Number .....
3. Father's / Guardian's Name .....
4. Address : .....
5. Phone : (M).....(R).....(O).....
6. Email - ID : .....

## **FOR AVAILING SCHOOL TRANSPORT**

Please allow my child / ward mentioned above to avail transportation facility being approved by the school with effect from ..... Bus No. .... Bus Stop .....

I hereby agree to pay all charges to the school for providing the said facility.

## **FOR CHANGE OF BUS STOP / ROUTE**

My child / ward is using Bus No. .... Bus Stop ..... Please change the same to Bus No. .... Bus Stop ..... with effect from ..... (this date should be the beginning of month).After the change in Bus No. / Bus Stop. The fees towards transportation will remain changed / unchanged from Rs.....per month to Rs..... per month.

## **FOR WITHDRAWAL OF TRANSPORT FACILITY**

My Child/ ward is using Bus No..... Bus Stop ..... Please cancel the transportation facility with effect from .....( This date should be the end of month) Transportation fee has been paid till the month of .....

DATE : .....

Signature of parents