

**APPLICATION FOR AVAILING THE SCHOOL BUS FACILITY**

Student ID.....

The Principal  
 St.Vivekanand Millennium School  
 HMT Township  
 Pinjore

Sir / Madam

I wish to avail the school bus facility for my ward. Kindly arrange the same. The particulars of my ward are as follows:-

Name of the student..... Class ..... Roll No. .... Adm. No. ....

Father's Name..... Address .....

.....Telephone No. Office ..... (Resi.) .....

Mobile No. (If any) ..... Bus Stop .....

**I Here By Affirm That:-**

1. I shall abide by the rules and regulation laid by the school management regarding school transport.
2. I take responsibility to leave and receive my child at the mentioned bus stop on scheduled time.
3. I shall pay the bus fees by scheduled date.
4. I understand that bus facility once availed cannot be withdrawn during that session.

Place.....

Yours faithfully

Date.....

Signature of Parent

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