

D.P.S.SCHOOL,BEGUSARAI

AFFILIATED TO C.B.S.E,DELHI UPTO 10+2 LEVEL AFFN No-330252,SCHOOL CODE.-50174

RUN&MANAGED BY:DELHI PUBLIC SCHOOL TRUST (DELHI)

MAHMADPUR,BEGUSARAI-851129(BIHAR),Ph. No.-06243-221332,Fax No-06243-223001

E-mail :-dpsschoolbegusarai@yahoo.in,dpssbegusarai@gmail.com

Web site :-www.dpssbegusarai.com



TRANSPORT FORM

(Use capital letters only)

Form No

Admission No..... (To be filled in by the office)

We request our son/daughter whose particulars are given below be permitted to use the school bus for his/her
To and from journey between.....

INFORMATION OF THE CHILD

First Name Last Name

Gender : Male ☐ Female ☐

Age Class Section

Home Address

Emergency Contact No. / Mobile No. Blood Group

Declaration :

1. We undertake to pay the bus charges and transport security money according to the rules in force from time to time.
2. We understand that it would be our responsibility to drop and pick our child up at / from the specified bus stop.
3. We accept that the bus facility is extended to our ward at our own risk and responsibility.
4. We understand that our ward will be allowed to travel on the bus only if seat is available on the route.
5. We understand that the bus fee will be charged from April to March.
6. If bus services withdrawn in mid of session, we will not claim for the charges and transport security money.
7. We have read and do hereby consent to the terms and conditions mentioned above.

.....
Father's Signature
Date :

.....
Mother's Signature
Date :

.....
Signature of Guardian
Relation :
Date :

.....
Signature of Transport Incharge
.....
Signature of Principal