



# BJENDRA PUBLIC SCHOOL

N.H.-31, MARANGA, PURNEA - 854 301 (BIHAR)

Tel. No.: 06454 - 223595, 240157

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Affiliated to C.B.S.E. (Affi. No. 330159)

An ISO 9001:2000 Certified Institution



Transportation Form (200 -200 )  
(To be filled in **BLOCK LETTERS**)

Admission No. \_\_\_\_\_

\* We request that our son/daughter/ward whose particular are given below may be permitted to use the school bus for his/her journey between \_\_\_\_\_ and BPS Maranga w.e.f. \_\_\_\_\_. **Location** \_\_\_\_\_

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

Affix a recent colour photo of the student

## FAMILY INFORMATION

Name of the child as in school : \_\_\_\_\_

Name of the child as called at home : \_\_\_\_\_

Gender : Male:  Female:  Date of Birth : 

D	D
<input type="text"/>	<input type="text"/>

M	M
<input type="text"/>	<input type="text"/>

Y	Y
<input type="text"/>	<input type="text"/>

Age : \_\_\_\_\_ Class : \_\_\_\_\_ Section : \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone : (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Emergency/Mobile) \_\_\_\_\_

## **Declaration :**

- (1) We undertake to pay the bus fees according to the rules enforce from time to time.
- (2) We undertake that it would be our responsibility to drop and pickup our child at/from the specific 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 travel in the bus standing if seat is not available.
- (5) We have read and do hereby consent to the terms and conditions regarding transportation.

Signature of Father/Guardian  
Date :

Signature of Mother/Guardian  
Date :