



Vishwa Bharati Public Higher Secondary School
Udheywalla, Jammu
CBSE Affiliated, No.-730085

Passport size
photograph of
Student

School Transport Form:

We request that our child be permitted to use and avail the transport

facility provided by the school with effect from

Name of the student

Parentage

Date of Birth:- DD Month Year

Class Section Roll No.

Blood Group Mark of Identification

Insurance, if any

Pick up point of the student

Drop off point of the student

Approximate distance between school and home

Contact Details:

Contact Person

Mobile No.

Phone No.

Mother

Father

Guardian

Person In-Charge of collecting the ward from the Pick up/Drop off point

Regulatory:

- While it is not feasible to pick up and drop students from their doorsteps we do try and accommodate the nearest bus stop for everyone keeping in mind the timings and the bus route.
- Parents are requested to ensure that their ward is punctual, arriving at the pick up point 10 minutes prior to the arrival of the school bus.
- Student upto class 3rd will be handed over only to the parents and/or guardian/authorised person, having an attendant card issued by the school.
- In the absence of the authorised person, the child will be brought back to the school premises and will have to be collected by the parent/authorised person only.
- The school should be informed about any change of address and contact no. Immediately to avoid inconvenience.
- Bus facility will be immediately withdrawn from the student if he/she is found in violation of any rule and/or failure to maintain appropriate decorum while travelling in the school bus. The bus facility would also be terminated if dues are not cleared on time.
- The school transport service is an obligation and not a compulsion. The school management reserves the right to discontinue the same at will.

- h) The school can change pick up/drop off point at any time (with prior notice) as per the bus routing requirement to serve the interest of the majority.

Declaration:

- 1) While I/we expect the school authorities to exercise reasonable precautions to avoid injury/accident. I/we understand that school has no financial obligations towards the injury/accident that may occur while the child is travelling in a school transport.
- 2) I/we understand that in the event of medical emergency, every effort will be made to notify parent/guardian as soon as possible.
- 3) I/we have read all the rules and provide consent to all the rules, terms and conditions regarding school transportation.

Mother’s Name:- _____ Signature _____

Father’s Name:- _____ Signature _____

Date_____ Place_____

----- For Office use -----

Bus Regd. No. _____ Receipt No. (First Dues) _____
Bus card No. _____ Route No. _____

Name of the Driver _____

Transport In-Charge

Principal