



**BLS**  
**WORLD SCHOOL**

विद्या सर्वार्थ सिद्धये | EDUCATION FOR LIFE  
SECTOR 16, GREATER NOIDA WEST. (U.P)

SCHOOL TRANSPORT ROUTE CHANGE REQUEST FORM

Full Name of student \_\_\_\_\_

Class & Section \_\_\_\_\_ Registration No. \_\_\_\_\_

Parents/Guardian's Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_ Country \_\_\_\_\_

Current Pick-up point \_\_\_\_\_

New Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_ Country \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Desired Pick and Drop Point: \_\_\_\_\_

Specific Reason \_\_\_\_\_

**Notes:**

- (i) Please attach the new proof of address. Application received without address proof will be treated incomplete and will not be considered.
- (ii) Notice for route change should be served at least 7 days in advance. If the route change is not effective from the 1st day of the month than the revised transport fee if any will be applicable from the subsequent month.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

**For office use only**

As per the request made for the transport route change of \_\_\_\_\_ Commuting through Bus no. \_\_\_\_\_

has deposited new address proof, the Bus route is hence changed and the Child may now commute by the Bus no. \_\_\_\_\_

via route suitable as per the new address given above w.e.f. \_\_\_\_\_ (Date)

Signature of Transport In-charge \_\_\_\_\_ Date \_\_\_\_\_

Verified & approved by Principal \_\_\_\_\_ Date: \_\_\_\_\_