



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: _____