



TRINITY GLOBAL SCHOOL

FORM FOR AVAILING TRANSPORT FACILITY

Date

APPLICANT'S PARTICULARS

1. Name
2. Class Section Admission Number
3. Father's/Guardian's Name
4. Address
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.....
5. Phones: (R) (O)

DECLARATION

Please allow my child/ward mentioned above to avail transportation facility being provided by the school with effect from Route No. Bus Stop No. would suit my child/ward. I hereby agree to pay all charges to the school for providing the said facility.

REASON
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Signature of Parent