

JPS ACADEMY NISSING

Kaithal Road, Opp. Radha Swami Satsang Bhawan, Nissing Ph. – 01745-270001, 270002, 085728-34906, 085728-35906



A Co-educational English Medium School, Affiliated to C.B.S.E. New Delhi (Code No. 531543)

Website : www.jpsacademynissing.com E-mail:- jpsacademynissing@gmail.com

SCHOOL TRANSPORT ENROLLMENT FORM

Name of student:					
Admission No. / Reg. No. :			Date of Birth:		
Date of Admission		Class en	rolled in:		
Weather interested in availing school Transport faci	lity: Yes		No		
Any sibling studying in school:	Yes		No:		
If Yes, Mention Name:			Class:		
Weather he/she is also interested in availing the tra	nsport fac	cility: Yes	5	No:	
Mention the Pickup and Drop point :					
Current Address:					
City: State:			Pin Code:		
te of Application: Transport facility w.e.f :					
Name of person who will receive or drop at bus stop	:				
Relation with the child:		Contac	ct No:		
Alternate Contact Number:		E Mail II	D:		
Mode of payment of Transport Fees: Cash:		Online (RTG	S/NEFT/IMPS)	Checque]
Mobile app: School payment gateway	Any oth	er:			

I understand that the school transport facility is optional and the transport fees is decided as per the distance in Kms. from home. The Transport fees is separate and not included in School Fees. On availing the School Transport facility my ward(s) is/are bound to follow the Transport Rules and Guidelines as suggested from time to time. On breaking the rules the school has the right to take appropriate action in favour of the child and the school.

Note:

- (I) Notice of discontinuation of transport service should be served at least one month of advance through filling Transport Deactivation Form separately and submitted within the 3 days of the beginning of month.
- (II) The school serves the right to withdraw school transport facility by giving notice period of minimum 5 days in advance. The fees if any due will be adjusted in consecutive quarter of school Fees.

Name of Parent:	Signature of Parent:

For office use only

As per the details mentioned above, the school g	rants permission to student(s) to avail transport facility on Bus Route
	The students will commute by Bus No
with effect from	after completing all formalities of issue of Bus Pass/ID and GPRS installed on
Parents Mobile to track the location of school bu	s when need arises. The Transport Fees may be charged as per the norms and
the contact details of Transport Incharge may be	shared for effective communication. Enlisted authorities to be informed
beforehand.	

Class Teacher	Name:	. Signature:	Date:
		0	
Transport In charge	Name:	Signature	Date:
In an sport in charge			. Date
			_
Accounts	Name:	. Signature:	. Date:
Principal	Name:	Signature:	Date:



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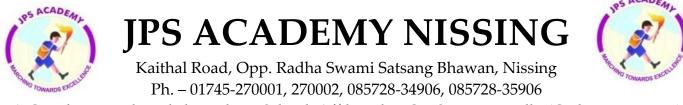


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SCHOOL TRANSPORT DEACTIVATION FORM

Name of student:					
Admission No. / Reg. No.	Admission No. / Reg. No. :				
Pick up Point/Route:					
Reason for deactivation o	ftransport :				
Date of Application:		Date of Deactivation to bemade effective:			
Mode of Dispersal:	Private Escorted				
Name of person escort:		Relation with the child:			
Contact:					
Month till which Transpor	t Fee payment done :				
I understand that the amount refundable if any will be adjusted with the tuition fee currently due if any or with subsequent quarter fee.					
Note: Notice of discontinuation of transport service should be served at least one month of advance and should be submitted within the 3 days of the beginning of month. Any application received after 3 days of month would carry the period of notice forward till the end of following month of the submission of application withdrawal.					
Name of Parent: Signature of Parent:					
For office use only					
Class Teacher	Name:	Signature:	Date:		
Principal	Name:	Signature:	Date:		
Transport In charge	Name:	Signature:	Date:		
Accounts	Name:	Signature:	Date:		



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SCHOOL TRANSPORT ROUTE CHANGE REQUEST FORM

Full Name	e of student				
Class & Se	Class & Section Registration No				
Parents/G	Guardian's Name				
Current A	ddress				
City	State	Pin	Country		
Current P	Pick-up point				
New Addr	ress				
City	State	Pin	Country		
Telephone NoMobile No		Mobile No			
Desired P	Pick and Drop Point:				
Specific R	Reason				
(i) (ii) Signature	will not be considered. Notice for route change should b	ne served at least 7 days in ac ad transport fee if any will be	without address proof will be treated dvance. If the route change is not e <u>f</u> applicable from the subsequent me Date	fective from the 1st onth.	
		For office use o			
As per th	he request made for the transport re	oute change of	Commuting through Bus	s no	
has depos	sited new address proof, the Bus rou	ite is hence changed and the	Child may now commute by the Bu	ıs no	
via route s	suitable as per the new address give	n above w.e.f	(Date)		
Signature	of Transport In-charge		Date		
Verified &	approved by Principal	D	ate:		