



Academic Year: \_\_\_\_\_

## TRANSPORT APPLICATION FORM

The form must be completed (in CAPITAL letters) and signed by the parent/guardian and submitted to the school at the time of enrolment.

I wish to apply for School transport facility for my child.

The following is to be completed in consultation with the Transport-in-charge:

Both ways  Afternoon drop only

1. Name of the student: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

2. Grade \_\_\_\_\_ 3 Sec: \_\_\_\_\_ 4. Gender: M  F

5. Pick up Address: \_\_\_\_\_  
\_\_\_\_\_

Drop address \_\_\_\_\_  
\_\_\_\_\_

(The precise location of the pick up and drop point will depend on the common areas of majority users)

6. Contact Details:-

	Residence No.	Mobile No.	Office No.
Mother			
Father			
Guardian ( If the child is not staying with parents)			

7. (To be filled by Administrator or Transport In charge)

a) Pick up point \_\_\_\_\_ (Closest landmark) \_\_\_\_\_

Estimated time: \_\_\_\_\_ am.\*

b) Drop point: \_\_\_\_\_ (Closest landmark) \_\_\_\_\_

Estimated time: \_\_\_\_\_ pm.\*

c) Distance : \_\_\_\_\_ Fee (Per Phase) : \_\_\_\_\_

d) The date from which the school can offer transport : \_\_\_\_\_

\* 1. The estimated pickup & drop time may vary depending on routing and traffic conditions.

2. Please check the detailed route plan prior to opening of the school.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Does your child suffer from any medical condition or needs intervention during the journey?

YES  NO  .If yes, please specify\_\_\_\_\_

NOTE: The child will be brought back to school in case:

1. There is nobody to pick up the child at the designated stop.
2. A person, other than the one whose name is mentioned in the form /bearer card, is present at the stop.
3. Name of the person/s responsible for picking up the child: \_\_\_\_\_  
Relationship with the child \_\_\_\_\_
4. **In case there is a change in pick up / drop point, please inform the school, in writing, at least one week in advance.**

DECLARATION:

1. While the school will take all necessary precautions for the safety, security & timely pick up & drop of the child, I understand that the School has no obligation for any injury or accident that may occur due to issues which are beyond the control of the school.
2. I understand that in the event of a medical emergency, every effort will be made to notify parents/ guardian as soon as possible. In case of minor injury, first aid will be given in the School bus.

Name of the Parents/Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*YOUR APPLICATION WILL BE RETURNED IF THE FORM IS NOT SIGNED.**

The cheque has to be drawn in favour of "CHRYSALIS HIGH KADUGODI".

TO BE FILLED IN BY THE ACCOUNTS DEPARTMENT:

FEE PAID DETAILS:

PHASE I /PHASE II/PHASE III ( Circle the correct option)

AMOUNT: \_\_\_\_\_ RECEIPT No: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_