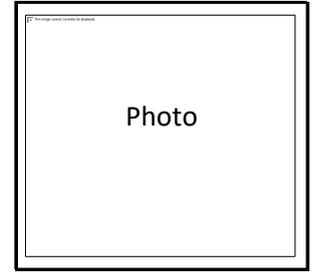




# Bhavan's Public School



Affiliated to Central Board of Secondary Education, Delhi Code No.: 6330008, Doha - Qatar

E-mail Id: school@bhavansqatar.org Website: www.bhavansqatar.org, P.O. Box: 80569

**WAKRA CAMPUS:** Tel: 44770770, 44771100, Fax: 44760312

**MATAR QADEEM CAMPUS:** Tel: 44657166, 44772250, 44772251, Fax: 44761504

**NEW SALATA CAMPUS:** Tel: 44603125, 44937009

FORM NO.  YEAR  CAMPUS  CLASS

## REQUEST FOR TRANSPORTATION

Name of the student :

### Details of Parents

	FATHER	MOTHER
Name		
Office Telephone (Desk)		
Mobile		
Email ID		

### Local Address:

Plot No./Apt No.:

Building No. :

Building Name:

Post Box No.:

Street Name:

Street No.:

Area:

Zone:

Landmark:

Residence Landline:

### Terms and Conditions

- \* Transport facility to be provided on request. School will extend this facility only to the areas where the buses of the school ply. It shall be the responsibility of the parents to drop or pick up the child from the specified points.
- \* In case of emergency, contact name and telephone number
- \* Does the student have any allergy problem? If yes, mention it.
- \* Fees once paid will not be refunded.
- \* Discontinuity will not be entertained for short period.
- \* Advance fees to be paid on term basis.

**We also assure that we will abide by the school transportation rules strictly.**

Date:

SIGNATURE OF STUDENT  
(Except for KG)

SIGNATURE OF FATHER

SIGNATURE OF MOTHER

**For office use only**

Transport Fee. Receipt/Amount :

Boarding Point:

Bus No.:

Date:

Checked By:

Transport Supervisor

Signature of Accountant