



# 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](http://www.jpsacademynissing.com) E-mail:- [jpsacademynissing@gmail.com](mailto:jpsacademynissing@gmail.com)

## SCHOOL TRANSPORT ENROLLMENT FORM

Name of student: .....

Admission No. / Reg. No. : .....Date of Birth: .....

Date of Admission..... Class enrolled in: .....

Weather interested in availing school Transport facility: Yes  No

Any sibling studying in school: Yes  No:

If Yes, Mention Name: ..... Class: .....

Weather he/she is also interested in availing the transport facility: Yes  No:

Mention the Pickup and Drop point : .....

Current Address: .....

City: ..... State: ..... Pin Code: .....

Date of Application: ..... Transport facility w.e.f : .....

Name of person who will receive or drop at bus stop: .....

Relation with the child: ..... Contact No: .....

Alternate Contact Number: ..... E Mail ID: .....

Mode of payment of Transport Fees: Cash:  Online (RTGS/NEFT/IMPS)  Cheque

Mobile app:  School payment gateway  Any other: .....

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 grants 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 bus 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: .....

Transport In charge    Name: ..... Signature: ..... Date: .....

Accounts                Name: ..... Signature: ..... Date: .....

Principal                Name: ..... Signature: ..... Date: .....



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## SCHOOL TRANSPORT DEACTIVATION FORM

Name of student: .....

Admission No. / Reg. No. : .....

Pick up Point/Route: .....

Reason for deactivation of transport : .....

Date of Application: ..... Date of Deactivation to be made effective: .....

Mode of Dispersal: Private Escorted

Name of person escort: \_\_\_\_\_ Relation with the child: \_\_\_\_\_

Contact: \_\_\_\_\_

Month till which Transport 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 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: \_\_\_\_\_