



CALCUTTA PUBLIC SCHOOL, ORMANJHI

Phone - 0651-2273060, 9931847680, 8986608934

SCHOOL BUS FACILITY FOR SESSION 2023 – 2024

- 1. Name of student.....**
- 2. Class.....Section.....Adm. No.....A/C.No.**
Gender.....
- 3. Name of the guardian/parent.....**
- 4. Address.....**
- 5. Contact No.....(Whatsapp).....**
- 6. Bus Stoppage.....Bus No.....**

**I.....Guardian of..... hereby
Agree to abide by the rules and regulations of the school,
concerning the use of school bus by my son/daughter. Also I do
Agree to pay the bus fees in this academic session Rs. _____
Per month for 11 Months (i.e. April to February).**

NOTE:-

- 1. A SEAT IN THE SCHOOL BUS IS NOT GUARANTEED.**
- 2. This form needs to be submitted to accounts dept. with One Month Advance Fee; otherwise bus facility will not be provided to your ward.**
- 3. If bus fees will not be paid for more than 03 (Three Months), bus facility of those students will be stopped.**
- 4. Bus fee must be paid by the scheduled date. (i.e. 15th of every current month).**
- 5. Any kind of misconduct/indiscipline in the bus will debar the student from the use of school bus facility.**

Date.....

Office Signature

Signature of the parent/Guardian