

For Office use only - **BUS STOP**

ADMN No _____ DATE: _____

To

The Director

La Foundation School

Village Thalesan

Distt. Sangrur – 148001 (PB)

Subject: "Stop usage of Bus facility"

Respected Sir,

Please stop the bus facility of my ward(s) whose details are below:

Admn No.	Class	Sec	Student Name

I understand that:

1. Bus facility of my ward will not be restarted for 1 year (12 months from the date of stopping) or beginning of the new session falling after this 1 year waiting, whichever is later, that too subjected to availability of seat in the bus and existing bus stop near my residence.
2. I must pick and drop my ward as per their own school round and will strictly follow school time, even if my ward's school rounds are different.
3. I must pick and drop my ward regularly to the school and incase I am not able to come, I will send a written application alongwith the identity proof of the person coming to pick my ward.
4. In no case school will be compelled to pick or drop my ward

ਉੱਪਰ ਦਿੱਤੀਆਂ ਹਿਦਾਇਤਾਂ ਮੈਨੂੰ ਸਮਝ ਆ ਗਈਆਂ ਹਨ ਅਤੇ ਮੈਂ ਇਨ੍ਹਾਂ ਦੀ ਪਾਲਣਾ ਕਰਾਂਗਾ

Yours faithfully

Dated: _____

(Father/ Mother/ Guardian's Full Name Signature)

Mobile No: _____