Office Copy

Application for School Transportation

To The Pr	rincipal				Date : / /	•	
Dream World School, Ballari.						According to	
		Sub.: Applica	tion for availing	Auto facility		Parent	Auto Person
Dear Sir/Madam,					No. of km from House to School		1 613011
I wish to avail the Auto service provided by the				school for my child	Morning Pick up timing		
D/o studyir					Drop-off Timing @ 2:30 p.m. 4:00 p.m. 5:00 p.m.		
My child will be boarding the Auto at the following add				g address.	Extra Drop-off Time		
			J		Rate per month		
Affix Child's Latest Photo					Extra Drop-off Amount		
					Total Amount		
					Chief Signature		
Parent Mobile No. Father: Mother					- L	-1	
		Father:	r	Mother	Guardian		
Signo	ature of	the Chief			Signature of the	Parent	
Dream World Sch Kappagal Ro				Chool, Auto A al Road, Ballari - 58	·	Transport	Сору
1	Name	of the Child					
2	Class / Section		Affix Child's				
3	Father's Name		Latest Photo				
4	No. of Kilometers from House to school						
5	Address & Mobile Number						
6	Amount per Extra Month Amo			•	Total Amount		
Morr	ning Pick	k-up :	Drop-Off: 2:30 p	o.m. 4:00 p.m	n. ☐ 5:00 p.m ☐ Extr	a Trip:	