



# **Dr. B. P. AGRAWAL SHIKSHA NIKETAN**

.....*Chariot of Knowledge*.....

## **KALYANKUNJ, FATEHGARH**

### **TRANSPORT REQUEST FORM**

**(For School Transport Facility)**

#### **The Principal**

Dr. B. P Agrawal Shiksha Niketan  
Kalyankunj, Post-Yaqtganj  
Fatehgarh-Kanpur Road  
Farrukhabad (U. P.)-209749

Respected Madam,

Date: .....

I request that my ward .....of class .....  
admission No. ....may be permitted to use the school transport as per the route  
allotted by the school. I undertake to ensure that my ward follows all safety rules laid down by the  
school during travel in the school vehicle(s).

My residential address and telephone No(s) are:

.....  
.....

Mobile No.: (1) .....(2) .....

Emergency Contact No. (other than parents): .....

Pick-up Point: ..... Drop Point: .....

I will pay the transport fee according to the rate settled with the transporter / School.

I understand that the transport facility may be discontinued at any time at the discretion of the school  
authorities with one-month notice (except in case of disciplinary/special cases).

I understand that the school requires one calendar month notice for discontinuation of the transport  
service. Transport fee for the month of serving the notice will also be payable.

I have read and understood the contents of the above declaration and undertake to abide by the same.

Thanking you.

Yours Faithfully

Name: .....

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**To be Filled by Office:** Fee Detail: ..... Fee Payment: Yes/No.....

**To be Filled by Transport In-charge:** Vehicle No.: ..... Route No.: .....

Principal Sign.

Note: Parents are strictly advised not to engage any unauthorized vehicle for their ward's commute. The school will not be responsible for the safety of students travelling in non-school authorized vehicles.