



S. D, JAIN MODERN SCHOOL

APPLICATION FOR PERMANENT TRANSPORT

Please () tick the changes required

AVAILAING TRANSPORT FACILITY

Date of Application: _____

CHANGE OF STOPPAGE

STUDENT'S DETAILS

Adm. No./Gr. No.: _____ Class & Section: _____

Student Name: _____ Mobile No: _____

DETAILS OF APPLICATION

Require School Bus Stop No. _____. I hereby agree to pay all charges to the school for providing this facility (Bus). I understand that this change will come into effect from the first day of the succeeding quarter after the date of the application given.

Please permit my ward to change the bus stop as follows:

Old Bus Route No.: _____, Old Bus Stop No.: _____

Required Bus Route No.: _____, Required Bus Stop No.: _____

Note: There will be change in the transportation fee as per the area you have opted.

I understand that this change will come into effect from the first day of the succeeding quarter after the date of the application given.

Transportation dues have been paid until the quarter _____

Note: 1- Once the school bus transport facility is availed, it will have to be continued till the end of the academic year.

2- Any Change in the residential address or telephone numbers should be immediately notified to the school.

Signature of the Parent

FOR OFFICE USE ONLY

Approved Rejected

Transport In-Charge: _____

Principal's Signature: _____



S. D. JAIN MODERN SCHOOL

U.M. ROAD, VESU CHAR RASTA, SURAT-395007.

Tel: 0261 3530300, 3530301

Website: www.sdjms.in, E-mail: info@sdjgroup.org

Affiliation No: 430048, School Code: 10037

APPLICATION REGARDING CHANGE OF ADDRESS & CONTACT DETAILS

Please (✓) tick mark the changes required

DATE:

CHANGE OF ADDRESS

CHANGE OF RESIDENCE TELE.NO.

CHANGE OF EMERGENCY/SMS NO.

CHANGE OF EMAIL ADDRESS

CHANGE OF FATHER'S MOBILE NO.

CHANGE OF FATHER'S OFFICE TEL.NO.

CHANGE OF MOTHER'S MOBILE NO.

CHANGE OF MOTHER'S OFFICE TEL.NO.

STUDENT'S PARTICULARS

Admission No.: _____

Class & Section: _____

Student's Name: _____

DETAILS OF APPLICATION

Note : Please use only BLOCK LETTERS.

CHANGE OF ADDRESS:

FLAT NO./HOUSE NO.: _____

BUILDING NAME /SOCIETY NAME: _____

LANDMARK/AREA: _____

CITY: _____ STATE: _____ PIN . _____

CHANGE OF CONTACT:

RESIDENCE TELEPHONE NO.: _____ EMERGENCY.NO. _____

E-MAIL ADDRESS: _____

FATHER'S MOBILE NO. _____ FATHER'S OFFICE TEL.NO. _____

MOTHER'S MOBILE NO. _____ MOTHER'S OFFICE TEL. NO. _____

Note: In order to update the address a valid proof (Aadhar card/ Electricity bill/ Gas bill /Property tax bill/ Rental agreement) is mandatory to submit.

Parent's Sign: _____

Principal's Sign: _____

FOR OFFICE USE ONLY

Received On: _____

Receiver's Sign: _____

Changes made on basis of (Doc.type): _____