



Bharat Academy & Sciences

TRANSPORT REGISTRATION FORM

Bharat Academy & Sciences

Howrah, Uluberia

Date: _____

Student Details:

1. Full Name of Student: _____
2. Grade/Class: _____
3. Registration Number: _____
4. Parent/Guardian Name: _____
5. Contact Number: _____

Transport Details:

1. Pick-up Address (In Block Letters):

2. Drop-off Address (if different - In Block Letters):

3. Transport Mode (Bus/Van) –(For Office Use Only):

☐ ☐ Bus

☐ ☐ Van

4. Nearest Landmark to Pickup Point: _____

Parent/Guardian Consent:

I, the undersigned, give my consent for my ward, _____ [Student's Name], to avail the school transport services. I understand and agree to the school's transport rules and policies.

Parent/Guardian's Signature: _____

Date: _____



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For Office Use Only:

1. **Transport Route Assigned:** _____
 2. **Transport Fee:** _____
 3. **Remarks:** _____
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Transport's Manager Signature:

School Seal:

Acknowledgment:

Thank you for registering your child for the school transport service. We will process your request and provide the necessary details shortly.

Transport's Manager Signature:

School Seal: