



It is requested to discontinue the school transport for the under mentioned students of Modernage:

Name/s of Student/s	Class/ Section	Campus	Pick up Point	Drop off Point
1.				
2.				
3.				

Last date on which travel is required:	_/
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Name of Applicant:	Relationship with the Student/s:
Sign:	Date:

Sign: _____

Kindly note that the following students have requested for discontinuation of the school transport

w.e.f. (date/month): ______. Please exclude the transport charges in the monthly bill and oblige.

Copy for Bursar

Admission No.	Name/s of Student/s	Class/Section	Campus	Vehicle #	Route
	1.				
	2.				
	3.				

Dated: Transport In-Charge: _____ _____

Copy for Parents/Guardian

Kindly note that your application for Discontinuation of School Transport has been approved for the following students:

Name/s of Student/s	Class/ Section	Vehicle #
1.		
2.		
3.		

Last date of travel will be ____/___. Kindly feel free to contact the undersigned in case of any query.

Name & Mobile No. of Transport In-Charge

Date