

BUS TRANSPORT REQUEST FORM



THE
PREMIA
ACADEMY

Student's Full Name _____

Grade _____ Academic Year _____

Photo here

I/ We hereby request The Premia Academy to provide daily transport for my child to attend the school.

I/We have apprised my / our self of the current transport routes run by the school.
Nearest pick up / drop point preferred by me /us is _____

In case the school transport does not cover this point or if the school transport ceases to ply to this point, I/We will make arrangements to pick up/drop my/our ward at the nearest stop advised by the school. I/we undertake that my /our ward shall abide by and follow all the Rules, Regulations, Do's and Don'ts as prescribed by the school. I/We understand that all reasonable safety precautions are followed by the school. I /We do release, absolve, indemnify, and hold harmless The Premia Academy, their officers, employees, directors, their agents, representatives, or assignees. (I/We) hereby waive all claims, liabilities, and/or suits against The Premia Academy, officers, employees, directors, their agents, representatives, or assignees, for any kind of eventful /uneventful consequences that may arise due to the use of such transport.

I/We agree to pay the school the Transport Fee prescribed by the school and I understand that this is an annual charge, which can be paid bi-annually. I/ We will inform the school, in advance of a request for withdrawal of school transport as per the School Policy or a semester fee will be paid.

Name of Parent/Guardian _____

Address _____

Contact No. _____ Date ____ / ____ / ____

Parent/Guardian Signature _____

For Office Use Only

Route No.(Pick-Up) _____ Transport Fee Paid ☐ Yes ☐ No

Route No.(Drop) _____

Administrator's Signature _____

Transport Incharge's Signature _____

Accountant's Signature _____