



**AL IBTISAMA**  
CENTRE FOR PEOPLE WITH DISABILITIES



Tel : 06-5277007, e-mail : mail@alibtisama.com, website : www.alibtisama.com

**REQUEST FOR SCHOOL TRANSPORT**

SL NO	G.R NO.	STUDENT NAME	CLASS & SECTION
1			
2			
3			

**AREA & LOCATION:**

Flat / Villa No. : \_\_\_\_\_

Pickup point with clear Land marks:

\_\_\_\_\_  
\_\_\_\_\_

Date : \_\_\_\_\_ Name & signature of the Parent: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**FOR OFFICE USE ONLY**

BUS NO. :

From (Date): \_\_\_\_\_

Name of the driver / conductor \_\_\_\_\_ Signature: \_\_\_\_\_

Bus fee paid vide receipt No. : \_\_\_\_\_ Signature of the cashier: \_\_\_\_\_

Approved by the Principal / MSO : \_\_\_\_\_ Date: \_\_\_\_\_