

CHANGE OF RESIDENTIAL ADDRESS / BUS ROUTE

Name: _____

Class/sec: _____ Admission no: _____ W.E.F. _____

Old Address: _____

New Address : _____

New Tel No (If Any): _____

Bus Details(If Using School Transport):

Old Bus No	Old Bus Stop	New Bus Number	New Bus Stop	New Bus Incharge Sign	Transport Incharge Sign	Data Entry Incharge

Parent's Name and sign: _____

Class Teacher's sign: _____

Infant Incharge/ HM / VP's sign: _____

For Accounts

App. Date :

W.E.F : _____

Child's Name	Class /sec	Area	Bus No	Bus Stop	Avail	Cancel
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Cheque No: _____ Amount _____ Bank Name _____

Parent's Name & Address : _____

Contact No. _____

In case of a change in area, the balance fees has to be paid in the Accounts Deptt. or else the application will not be valid.

Transport I/C sign _____ Accounts Incharge sign _____