



# LITTLE FLOWER HR. SEC. SCHOOL

Pushpa Nagar, Gairatganj, Raisen Dt., M.P. – 464 884 Mob: 7771088871

Affiliated to CBSE New Delhi, Aff. No. 1030905

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## BUS PASS APPLICATION FORM

Name of the Student \_\_\_\_\_

Name of the Parent \_\_\_\_\_

Contact Number of Parent \_\_\_\_\_ Class \_\_\_\_\_ Div. \_\_\_\_\_

Please mention the bus stop of your child

\_\_\_\_\_

Respected Principal,

I \_\_\_\_\_ Father / Mother /

Guardian of \_\_\_\_\_ Class: \_\_\_\_\_

Roll no. \_\_\_\_\_ Resident of \_\_\_\_\_

do hereby agree to send my child in the school bus.

Parent's Name \_\_\_\_\_ Parent's Sign \_\_\_\_\_

Date : \_\_\_/\_\_\_/\_\_\_\_\_

School Seal

Principal Signature