

SCHOOL BUS WITHDRAWAL FORM

Name of the Student : _____

Class & Section : _____

Name of the Parent/Guardian: _____

Address : _____

Street/City/State/Zip Code : _____

Contact No : _____

Email ID : _____

Have you given 2-month notice for transport?: Yes No

Date of Withdrawal Notice : _____

Effective Date of Withdrawal : _____

Reason for Withdrawal: _____

Signature of Parent: _____

Date: _____