SHANTI MISSION ACADEMY

Saharsa, Bihar | "Empowering Minds, Shaping Futures"

APPLICATION FOR CHANGE OF ADDRESS & BUS ROUTE

Student Name: _____

Admission No: _____ **Class/Sec:** _____

Parent's Name: _____

Contact Number: _____

Nature of Change Requested (Tick applicable):
[ ] Change of Residential Address [ ] Change of Bus Route/Bus Stop

1. CHANGE OF ADDRESS DETAILS

Old Address:	New Address:

2. TRANSPORT / BUS ROUTE CHANGE

Existing Bus Route No: _____	Existing Stop: _____
Requested Bus Route No: _____	Requested Stop: _____

*Note: Change of bus route is subject to seat availability in the requested bus.

Declaration: I hereby declare that the information provided above is correct. I understand that any change in the bus route may involve a revision in transport fees as per school norms.

FOR OFFICE USE ONLY

Accountant (Dues Clearance): _____

Signature of Parent _____ Date

Transport In-charge (Seat Allotment): _____

Principal's Approval: _____