

# ST XAVIER'S SCHOOL, ALIPURDUAR

**2023-24**

## **BUS REQUEST FORM**

NAME OF STUDENT: .....

CLASS: .....

NAME OF THE BUS STOP (From the List Given) :.....

ADDRESS:.....

.....

SIGNATURE: (PARENT / GUARDIAN) .....

DATE: .....

(NOTE: Kindly submit the hard copy of the filled-in form to the school Office or you may submit the soft copy of this filled-in form in the WhatsApp no. **7047284599** latest by 30th March 2023)