



BRAIN INTERNATIONAL SCHOOL

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APPLICATION FOR AVAILING THE SCHOOL TRANSPORT(X-XII)

Sir,

My Son/Daughter Name_____ has been admitted /is studying in class_____ section_____ His Blood Group is_____. I would like to avail the school transport w.e.f. Date_____ I along with my ward had a trial run of the route and I fully agree to my ward being picked up / dropped, at the time and place specified in route. I will make sure that my ward follows the required covid protocols while traveling in the bus like carrying sanitizer, wearing mask etc.

Name of Father_____WhatsApp Contact No_____

Name of Mother_____WhatsApp Contact No_____

Address: _____

Pick up/place_____Drop Place_____

I am ready to pay Rs._____per month as transport charges. In case of withdrawal of my ward from the school transport, I will intimate the school one month in advance or pay one month transport charges.

I give permission for my ward who is using School Bus / Van to be handed over at the Bus stop Stated above.

To the person whose photograph exists on the parent's I-card

Or

He /she will go home by himself/ herself from the designated stop

In case the authorized person is not available at the Bus stop on the mentioned time or is not carrying the parent's I card then the teacher in charge/lady attendant in the bus will bring the child back to school & parents would have to collect the child from the school.

Note: For Classes X to XII paying 11months Transport Fee is mandatory for availing school transport.

Signature_____

Date_____

Name_____

Remarks by transport in charge_____

Remarks by fee in-charge_____