



# BRAIN INTERNATIONAL SCHOOL

H Block Vikas puri, New Delhi-110018

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## APPLICATION FOR AVAILING THE SCHOOL TRANSPORT

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 beeing 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.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Name\_\_\_\_\_

Remarks by transport in charge\_\_\_\_\_

Remarks by fee in-charge\_\_\_\_\_