

AMITY INTERNATIONAL SCHOOL, VASUNDHARA

TRANSPORTATION FORM

[Write in Capital Letters]

Admission No. _____

Please affix a recent
colour photograph
of the child

We request that our son/daughter/ward whose particulars are given below may be permitted to use the school bus for his/her journey from _____ to The Amity International School w.e.f. _____

FAMILY INFORMATION:

Last Name of the child

First Name of the child

Gender

Male Female

Date of Birth

D	M	Y
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Class

Section

RESIDENTIAL ADDRESS

PHONE NOS.

Res.:
Off.:
Emergency:

SIGNATURES

1. We will pay according to the rates in force for the time being.
2. We understand that it would be our responsibility to drop and pick-up our child at/from the specified bus-stop.
3. We accept that the bus facility is extended to our ward at our own risk and responsibility.
4. We understand that our ward will be allowed to travel in the bus only if seat is available on the route.
5. We have read and do hereby consent to the terms and conditions regarding transportation.

Signature of Father/Guardian

Signature of Mother/Guardian

Date :

Date :