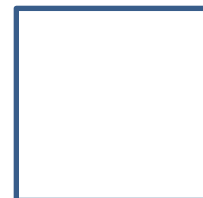


**AFFIDAVIT TO BE SUBMITTED BY PARENTS WHO
WANT THEIR WARDS TO USE THE SCHOOL
ORGANIZED TRANSPORT 2018-19**



We, Mr.....and Mrs.....

Parents of..... of Class..... Section.....

Admission No.....of Niscort Fr. Agnel School, Vaishali, Ghaziabad hereby state as under:

1. That we are desirous of using the School transport organized by the School, which is an optional service that only parents who desire to use the school transport, opt for, willingly.
2. That we have willingly opted for the school transport for our ward.
3. That we shall pay the prescribed fees regularly for 11 months each year.
4. That we are aware that the School buses run by the School, and owned and operated by third parties will be in compliance with the norms issued by the appropriate authorities, for the safety of our ward.
5. That we shall ensure that our ward will follow school regulations regarding the School transport and will in no way jeopardize his/her safety and that of others, but some rash or unsafe conduct in the bus.
6. That we will not hold the school liable for any accident or injury that may happen to our child, due to an accident that the School is not responsible for.
7. That we consider that compliance with Govt. regulated norms is reasonable safety of the School buses.
8. That we shall abide by any norms regarding the School transport issued by the school from time to time and as when they are communicated to us.

In Agreement with what has been stated above, we willingly append our signature stating our consent to what has been stated here above.

ROUTE NO: _____ **STOP:** _____

FATHER'S NAME: _____ MOBILE NO: _____

MOTHER'S NAME: _____ MOBILE NO: _____

ADDRESS: _____

Fathers Signature

Mothers Signature

Date: _____

PRIVATE VAN TRANSPORT INFORMATION FORM 2018-19

NAME OF THE CHILD: _____

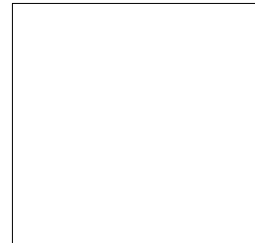
CLASS: _____ SECTION: _____ ADMISSION NO: _____

FATHER'S NAME: _____ MOBILE NO: _____

MOTHER'S NAME: _____ MOBILE NO: _____

ADDRESS: _____

MODE OF TRANSPORT – **PRIVATE VAN**



Photograph
of the
Van Driver

I, parent of, Class, Sec, of Niscort Fr. Agnel School, Vaishali, hereby declare and undertake as under:

1. That our ward travels by private van to school and an authorization letter will be submitted if there will be any change of driver / Van.
2. That the Van Driver's name is Mr. _____ Mob _____
And his ID _____, ID no _____
3. That we have verified the identity and other details of the Driver and we are fully responsible for the decision of hiring this Owner/Van Driver. We assure that the van driver will strictly follow the school rules & timings.
4. The School Management / School is not responsible for any untoward incident in any manner whatsoever.

Fathers Signature

Mothers Signature

Date: _____

AFFIDAVIT

We.....(Father) and.....(Mother)
parents ofof Class.....,section.....of
Niscort Fr. Agnel School, Vaishali, do hereby affirm the following:

1. That we have chosen to send our ward to school by a Private Vehicle.
2. That we know the driver and the conductor and are aware of their antecedents.
3. That we are regularly monitoring the physical fitness of the vehicle and that drivers and conductors are complying with the safety norms of our child, and
4. That we do not hold the school responsible for traffic accident as the vans have not provided nor vetted by the School.

Fathers Signature

Mothers Signature

Date: _____

NOTE: Coumpulsary , The Affidavit to be submitted on Rs.10 Stamp paper.

SELF / PARENT PICK INFORMATION FORM 2018-19

NAME OF THE CHILD: _____

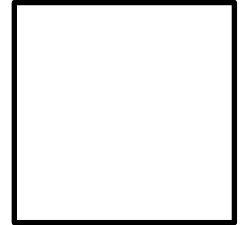
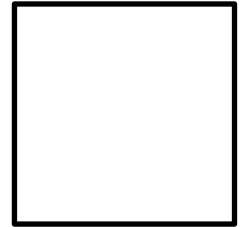
CLASS: _____ SECTION: _____ ADMISSION NO: _____

FATHER'S NAME: _____ MOBILE NO: _____

MOTHER'S NAME: _____ MOBILE NO: _____

ADDRESS: _____

MODE OF CONVEYANCE: (Bicycle/Rickshaw/By parent/Self) _____



We, the undersigned, here by acknowledge that we will be solely responsible for my ward's transportation to and from Niscort Fr. Agnel School Vaishali, by whatever means of conveyance I may choose.

Fathers Signature

Mothers Signature

Date: _____

SELF / PARENT PICK INFORMATION FORM 2018-19

NAME OF THE CHILD: _____

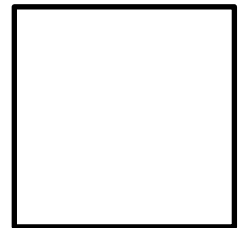
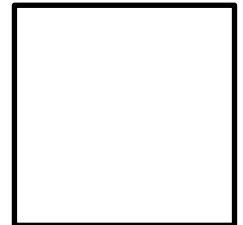
CLASS: _____ SECTION: _____ ADMISSION NO: _____

FATHER'S NAME: _____ MOBILE NO: _____

MOTHER'S NAME: _____ MOBILE NO: _____

ADDRESS: _____

MODE OF CONVEYANCE: (Bicycle/Rickshaw/By parent/Self) _____



We, the undersigned, here by acknowledge that we will be solely responsible for my ward's transportation to and from Niscort Fr. Agnel School Vaishali, by whatever means of conveyance I may choose.

Fathers Signature

Mothers Signature

Date: _____