

**AFFIDAVIT TO BE SUBMITTED BY PARENTS WHO
WANT THEIR WARDS TO USE THE SCHOOL
ORGANIZED TRANSPORT FOR CLASS 1-12**



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.
9. No withdrawal will be allowed quarterly. I am ready to pay the quarterly Bus Fee in advance.

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: _____

