

SELF / PARENT PICK INFORMATION FORM 2024-25

NAME OF THE CHILD: _____

CLASS: _____ SECTION: _____ ADMISSION NO: _____

FATHER'S NAME: _____ MOBILE NO: _____

MOTHER'S NAME: _____ MOBILE NO: _____

GUARDIAN: _____

ADDRESS: _____

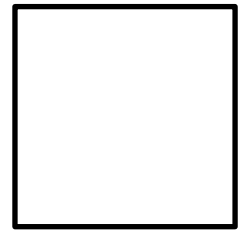
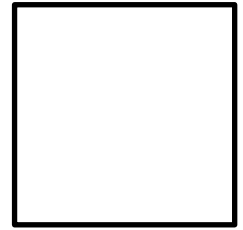
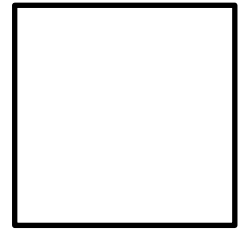
MODE OF CONVEYANCE: (Bicycle/Rickshaw/By parent/Self) _____

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: _____



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