



N.K.BAGRODIA

GLOBAL SCHOOL PHASE-II, SECTOR-17,
DWARKA, NEW DELHI-110078

Phone: 011-42801001, 42801002

E-mail: nkbglobalschool@gmail.com Website: www.nkbglobalschool.com

PERSONAL TRANSPORT USER FORM

1. Student's Name: _____
2. Address No. : _____
3. Class : _____
4. Father's Name : _____
5. Address : _____
6. Telephone : _____
7. Brother/Sister in School : Name _____ Class _____ Section _____
8. Mode of transport : Walker Rickshaw Van

Student's Photo

FOR WALKER STUDENTS, INFORMATION OF THE GUARDIAN WHO WILL PICK-UP THE WARD FROM SCHOOL

1. Name : _____
2. Address : _____
3. Telephone : _____
4. Mobile : _____

Guardian's Photo

INFORMATION OF THE VAN DRIVER / RICKSHAW PULLER

1. Name : _____
2. Address : _____
3. Telephone : _____
4. Mobile : _____
5. License No: _____ Vehicle No: _____

Driver's Photo

Keeping the Safety of the students as our foremost responsibility, we would request the parents to carefully check the authenticity and character of these private operators before opting the same.

DECLARATION :

I, hereby certify that the above mentioned information is correct. I understand and agree to the rules and regulations stated in this document and authorize my child to be picked up/dropped off by the person/mode of transport mentioned above.

Date: _____

Parent's Signature



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**SCHOOL TRANSPORT
REQUEST FORM**

****Administrative use only****

This request is approved / denied

Approval Date: _____

Effective Date: _____

Designated Route No. _____

Bus stop (exact pick-up point) _____

Pick up Time: _____

Drop off Time: _____

Official's Signature

Transport In charge Signature

THIS FORM IS TO BE COMPLETED (in block letter) AND DEPOSITED AT THE TIME OF ADMISSION

Parents must furnish the entire information requested Allow five days after the receipt of this form by the transport department to finalise the exact route, stop and time

- Student Name : _____ Admission No : _____
- Class : _____ Section : _____ Sex: M/F _____ Date of Birth: _____
- Address: _____
- Specific directions to house : _____ Preferred Bus stop: _____
- Father's Name : _____ Office Address _____
Office Phone No. : _____ Moblie No. : _____
- Mother's Name : _____ Office Address _____
Office Phone No. : _____ Moblie No. : _____
- Home Phone No (S) : _____
- Emergency Contacts.

NAME	RELATION	CONTACT NO.
1) _____	_____	_____
2) _____	_____	_____
- Sibling in School : Name : _____ Class : _____ Section : _____
Name : _____ Class : _____ Section : _____
- _____ is the authorised person to pick the child from the designated stop. Child will be handed over only on showing the I-card issued by the school.

GENERAL INSTRUCTIONS FOR TRANSPORT USERS

1. Parents are requested to ensure that children are punctual at pick up points to avoid unnecessary delays. They are also expected to treat bus staff kindly.
2. In case of absence of any parent/guardian at the respective bus stop, in the afternoon, the child will be brought back to school. The parent will have to then collect the child from school.
3. The responsibility of safe conduct of the students at the points from where the buses pick then and drop them will be for parents/guardians.
4. The child will not be allowed to travel by any other route than the allotted. No unauthorized person will be allowed to travel on the buses. There will be no deviation in the planned routes.
5. Each route will have an accompanying teacher / maid / conductor to ensure safety of the children. However, parents must direct their wards to exercise self discipline during travel. School should not be held responsible for any mishap in transit.
6. Parents must keep the records like in address, telephone no, etc. updated with school for better and effective communication.
7. Withdrawal of Transport facility in mid-session will not be entertained except in transfer cases.
8. There is no provision of refund of transport fee.
9. Transportation facility will be provided in case the address indicated above is part of the bus route, and is subject to availability. Bus routes can be changed or discontinued at the discretion of school.
10. While all care would be taken to meet pickup and drop off schedule, the school would not be responsible for any delay / mishap due to unavoidable reasons.

DECLARATION :

I, hereby certify that the above mentioned information is correct. I understand and agree to the rules and regulations stated in this document and authorize my child to be picked up/dropped off at the stops designated by the school.

Date : _____

Father's Signature

Mother's Signature