

PODAR INTERNATIONAL SCHOOL

INFORMATION FORM FOR SCHOOL BUS SERVICE

ARE YOU INTERESTED IN AVAILING OUR SCHOOL BUS SERVICES ?

YES

NO

I **Mr. / Mrs.** _____ Parent / Guardian

of **Mast. / Ms.** _____ **Std.** _____ **Div** _____ are interested in the use of your bus service(s) for my Son / Daughter. I agree to the rules of the School in this regard.

I understand that the Bus Fee will be determined and made known, well in advance, before commencement of the School session, after compiling the Bus Routes, costs of transportation and other operative costs involved.

This form is for information only and is not binding on the undersigned.

1. **NAME OF THE STUDENT :** _____ **Blood Group** _____

2. **FATHER'S NAME :** _____

3. **STANDARD & DIVISION / SECTION :** _____

4. **FULL ADDRESS :** _____

5. **CONTACT NOS (Res)** _____ **(Off)** _____ **(Mob)** _____

6. **e-mail ID :** _____

7. **BOARDING / PICK-UP POINT:** _____

8. **DROP-OFF POINT :** _____

Date : _____

SIGNATURE OF PARENT