



DPS International

Saket /R. K. Puram

CONSENT FORM AND INDEMINITY BOND FOR TRANSPORT FACILITY

I would like my ward _____ Adm. No. _____
Class _____ Sec _____ to **avail / not avail** the Transport facility provided by the School. I understand that the Organisation/ School will take all possible care and precaution in the interest of the safety of my ward. However, in case of any injuries/accidents/unforeseen situations I will not hold the Management, Principal, Teachers or Organisers responsible. I am ready to pay the charges regarding the same as per fee policy.

Parent Name & Sign. _____

Mobile / Phone _____

Date _____

OFFICE USE ONLY

Transport Department

Facility w.e.f.	_____	Distance (Km)	_____
Allowed/Not Allowed	_____	Route Number	_____
Pick Stand Name	_____	Pick Time	_____
Drop Stand Name	_____	Drop Time	_____
Transport In-charge:			Date:

Accounts Department

Student's Name	_____	Class	_____	Admn.No.	_____
Facility w.e.f.	_____	Distance (Km)	_____		
Transport Fee p.m	_____	Amount Received	_____		
Receipt No.	_____				
Accountant					Date: