



OMPEE GLOBAL SCHOOL

Sector-1, IMT Manesar

Gurugram, Haryana - 122050

Toll Free - 1800 123 0717

Email - admission@ompeeglobalschool.com

SCHOOL TRANSPORT APPLICATION

| | | | |
|---------------------------|--------------------------|-----------|--------------------------|
| PICK-UP LOCATION | | | |
| BUS ROUTE NUMBER | | | |
| SESSION FOR THE PERIOD OF | | | |
| NAME OF THE CHILD | 1 | | |
| | 2 | | |
| PLEASE TICK THE OPTIONS | | | |
| PICK & DROP | <input type="checkbox"/> | ONLY PICK | <input type="checkbox"/> |
| | | ONLY DROP | <input type="checkbox"/> |
| | | AFTERNOON | <input type="checkbox"/> |

Parents Details

| | | | |
|----------------|--|---------------|--|
| Mother's Name: | | Tele / Mobile | |
| Email ID: | | | |
| Father's Name: | | Tele / Mobile | |
| Email ID: | | | |

AUTHORIZED PERSON WHO WILL PICK-UP THE CHILD

| | | | |
|----------------|--|----------|--|
| 1. NAME | | RELATION | |
| ID CARD NUMBER | | | |
| 2. NAME | | RELATION | |
| ID CARD NUMBER | | | |

Undertaking of Acceptance of Responsibility

- Children will be handed over only to the authorized persons when they will show the ID Card.
- If the person who has come to Pick-up the child does not have the ID Card, then the staff will not handover the child and parents will be informed
- Child will be escorted back to school in case of any delay in picking up by the parents or the authorized persons.
- If the child is escorted back to the school then its the responsibility of the parents to pick the child.
- School will not be held responsible once the child leaves the school transport.
- In case parents find delay of more than 10 minute of the expected time them please call the transport manager on the given mobile number. Contact Person- Number-
- In case parents want to avail the transportation facility then they need to inform the Transport In-charge at least 1 month in advance. Similarly, if the [parents want to discontinue the transportation facility then too, they need to inform the Transport In-charge at least 1 month in advance or else the fee will be charged for the entire quarter.

Signature of Parent: _____

Date: _____

FOR OFFICE USE ONLY

| | | |
|--------------------------------------------------------------------------------------------------------------------|------------------|------------------|
| ACCOUNTS | TRANSPORT | |
| Sign: _____ | Sign: _____ | |
| <table border="1" style="margin: auto;"> <tr> <td style="text-align: center;">PRINCIPAL</td> </tr> </table> | | PRINCIPAL |
| PRINCIPAL | | |
| Sign: _____ | | |