

FR. AGNEL SCHOOL, SECTOR – 62, NOIDA

PARENT PICK -UP INFORMATION FORM

2024-25

NAME OF THE CHILD _____

CLASS _____ SECTION - _____ GR.No. _____ BLOOD GROUP _____

FATHER'S NAME _____

FATHER'S MOBILE NO. _____

MOTHER'S NAME _____

MOTHER'S MOBILE NO. _____

EMERGENCY CONTACT NO. _____

RESIDENTIAL ADDRESS _____

MODE OF TRANSPORT _____

I, the undersigned, hereby acknowledge that I will be solely responsible for my ward's transportation to and from Fr. Agnel School, Noida, by whatever means of conveyance I may choose.

SIGNATURE _____ DATE _____

NAME: _____