

AFFIDAVIT FOR SCHOOL TRANSPORT FACILITY

I, the undersigned, _____

Parent of _____

Of class & Sec _____ of Fr. Agnel School, Sec – 62, Noida and resident of _____

Hereby declare and undertake as under:

1. That I would like the school to provide transport facility for my child, who is a student of the school, from ____/____/20____
2. That I agree to pay regularly the transport fees of the school which is different from other school dues and it is payable only by those children who avail school transport facility. That the transport fee is payable for 11 months as per the policy of the school.
3. That I agree to give a month's notice for withdrawing from the transport facility.
4. That I will instruct my child about the safety that has to be kept in mind while in transit and ensure that he/she maintains discipline and will conduct himself/herself well in the bus for the sake of his/her own safety and that of others. I will further instruct my child to abide and follow the instructions of the escort/teacher accompanying him/her to school.
5. That any untoward incident arising while in transit, and caused by any unruly behavior of my ward, it will be the sole liability of the student and not of the school. The teacher at the most can intervene to bring order, cannot prevent it from happening, if a student or more are bent to cause trouble to themselves or to others, by their unruly behavior.
6. That I will abide by the decision of the school authorities about the bus stop for boarding and alighting from the vehicle /bus.
7. That I will not hold the school responsible for any accidental injury or casualty that might be caused to the student during transit.
8. That the transport facility is not compulsory to the students, and is being provided to my child at my request, and that I have given the affidavit willing to and without any duress.
9. That the School is at liberty to deny to the transport facility if it is found that a particular student violates the norms of safety in the bus, or causes problems to other students' safety or wellbeing.

Signature _____ **Name of Parent** _____ **Mob:** _____

Name of the Child: _____ **Class & Sec:** _____ **GR.No:** _____ **Blood Group** _____

Bus Route No: _____ **Area:** _____ **Stop:** _____

Transport Incharge

Office

Class Teacher

*****Tear off*****

Name of the Child: _____ **Class & Sec:** _____ **GR.No:** _____ **Blood Group** _____

Bus Route No: _____ **Area:** _____ **Stop:** _____

Transport Incharge

Route Incharge

Parent's Sig with Mob No.