

TRANSPORTATION FORM

RUPY'S INTERNATIONAL SCHOOL

Bafal, Tahachal, Kathmandu

Tel. 4282907, 4270540



*Child's
Photo*

Child's Name: _____ Age: _____

Parent's Name: _____

Father

Mother

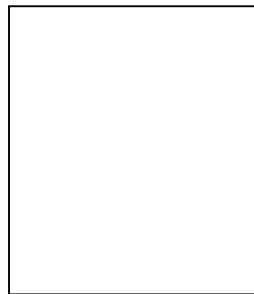
Address: _____

Telephone: _____

Residence

Office

Full Name and photograph of person responsible for pick-up of child



Pick-up Point: _____

Pick-up Time: _____ Drop Off Time: _____

Bus driver will only deliver the child to the person introduced and designated by the parent on this Transportation Form.

Signature of Parents

Children are expected at all times to remain seated and to have their seatbelts fastened with the help of bus boy or teacher.

