



TRANSPORT CONSENT-cum-BUS PASS
(Session:2021-22)

I _____ (Father/Mother/Legal Guardian) of my ward _____
bearing Reg.No.: _____ of Class ____ Section ____ (Session:2021-22) hereby give my consent with free will to
avail the transport facility provided by the Vidyalaya as per the route and timings notified by the Vidyalaya.

I do hereby declare that;

1. My ward is not suffering from any kind of medical ailments and has not been witnessed of any symptomatic behavior with regards to Covid-19 in past 20 days.
2. If my ward shows the symptoms such as Cold, cough, fever, loss of smell/taste which may be the symptoms of Covid-19, I will immediately inform the school management. Also, if any person in my family or in my neighbourhood is found Covid positive, I will inform the school management.
3. As a parent/legal guardian, I affirm that my ward will accept and abide the guidelines and SOPs as issued by Govt. of Jharkhand, MHA and MoHFW from time to time.
4. My ward will accept and abide by the guidelines as issued by the school authorities(Annexure-1). and ensure compliance of government guidelines.
5. Even after this, If my ward becomes Covid positive, I will not put blame on the school or any of the classmates of my ward.

Being the parent/legal guardian, I own the responsibility, if my ward shows any symptom/ailment (inclusive of Covid-19) during school hours and thus authorize the school authorities to take him/her to the nearest health center/hospital.

Note:

1. **This form is to be filled and uploaded on the link scrolling on the Vidyalaya website with selection facility of Bus Route.**
2. **This form is to be laminated and carried everyday while using the bus facility. The child will not be allowed to board the bus without this Transport Consent cum Bus Pass.**
3. **The Bus Fee (Rs.1800/- for two months) would be charged from the month of February 2022 along with the Bi-Monthly fee of FEB-MAR 22.**

I am signing this self-undertaking cum consent letter after reading and fully understanding the above-mentioned points.

Details of Father/Mother/Legal Guardian:

Name: _____

Signature: _____ Date: _____

Mobile No.: _____

Local Address: _____

