



المدرسة الآسيوية الدولية الخاصة

ASIAN INTERNATIONAL (P) SCHOOL

ALTERNATIVE CHILD CARE REQUEST FORM

Student's Name: _____

Admission No: _____ Grade _____ Section _____ Date of Birth _____

Home Address: _____ Building/Villa No: _____ Area _____

School Attending: FTF DL REGULAR

Bus No (if using): _____ Bus Supervisor Name /Sign _____

UNDETAKING BY PARENT/GUARDIAN

I hereby authorize the below mentioned person to drop off/ pick up my above-mentioned ward to/ from the school on the date/s mentioned.

Name of Parent: _____ Signature of Parent _____ Date _____

Name of Child Care Provider/ Authorized Person

(To School) AM Pick-up at: _____ (From School) PM Drop Off at: _____

Name: _____

Address: _____

Child Care Provider's Contact Number: _____

Requesting Starting Date of these Alternate Arrangements: _____ to _____

Remarks by Head of Faculty Cycle Level _____ Signature /date _____

NOTE:

The request is to be submitted at least two (2) school days in advance.

Child care providers **MUST** accompany student to and from pick up/drop off points.

Submit valid EID copy of Child care provider with signature along with this request.

For Any School bus related queries, contact **Mr. AVINESH**, TRANSPORT coordinator Contact No. 054-586-7821.

AY: 2024 - 2025