**SCOPE NURSERY & PRIMARY SCHOOL**

 **9, TAYLOR’S ROAD, KILPAUK, CHENNAI - 10**

 **Phone: 9176319234, 9176272234**

Website: scopeschoolonline.com

**TRANSPORT INFORMATION**

 **DATE:**

**NAME OF THE STUDENT: CLASS:**

My Child will be

* DROPPED TO SCHOOL \_\_\_\_\_\_\_\_
* PICKED UP FROM SCHOOL \_\_\_\_\_\_\_\_

 **BY**

VAN \_\_\_\_\_\_ AUTO \_\_\_\_\_\_\_ OTHER \_\_\_\_\_\_\_

**DRIVER INFO:**

* DRIVER NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* CONTACT NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* VEHILE NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* LICENSE NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bring the child’s pickup card without fail.

On any given day if there is any change in pick up. I will mail well in advance.

I will immediately furnish all the above details in case of any change.

**NAME OF THE PARENT:**

**Registered CONTACT NO: Signature of the parent**