****

**Oxford Angel Public School**

**CONSENT FORM AND INDEMINITY FOR TRANSPORT FACILITY**

I would like my ward\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adm. No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class\_\_\_\_\_\_\_\_\_\_\_\_ Sec\_\_\_\_\_\_\_\_\_ to avail/not avail the Transport facility provided by the school. I understand that the Organization/School will take all possible care and precaution in the interest of the safety of my ward. However , in case of any injuries/accidents/unforeseen situations I will not hold the Management, Principal, Teachers or Organisers responsible. I am ready to pay the charges regarding the same as per fee policy.

Parent Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Sign :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_