

# D.A.V. MODEL SCHOOL

## SECTOR-15A CHANDIGARH

### CONSENT FORM

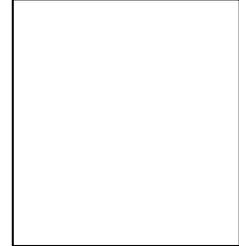
(Session: 2023-2024)

This is to inform that my ward .....of  
class.....Section.....Admission No.....

Wants to avail the bus service. He/She will continue to avail the facility in  
the ensuing session. . I agree to pay the dues for twelve months.

Address: .....  
.....

Date of joining: .....



Signature of Parent/Guardian

### GENERAL INFORMATION

Father's Name: ..... Mobile No.: .....

Designation:..... email.....

Mother's Name:..... Mobile No.: .....

Land Mark :

Pick.....

Drop.....

### PAYMENT SCHEDULE

Fees will be paid at school fee counter only

#### Pre Nursery to XII

April - May (with school fee)

June - July (with school fee)

August-September (with school fee)

October,November,December (with school fee)

Jan,Feb,March (with school fee)

Signature of Applicant

Signature of Parent/Guardian