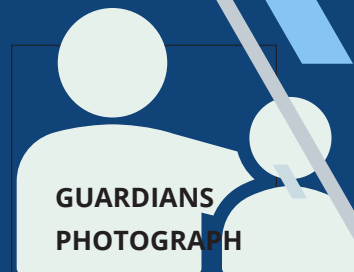




GUARDIAN ID FORM



Name Of The Child

ClassBatch

Name of the Guardian Relation.....

Guardian Mobile No.

I Parent of Authorizeto
pick and drop my child in my absence.

I hereby declare that the above information is correct and I agree to abide by the Rules
and Regulation of the School

Parents Sign.

Date