



# Akhtar International Learning School

Path to Lifelong Learning

## Student Transportation Form

Dear Parent/Guardian,

To ensure the safe and efficient transportation of your child, please complete the form below with the necessary details. This will help us to accommodate your child's transportation needs and ensure their safety.

### Student Information

Field	Details
Student's Full Name	_____
Grade/Class	_____
Student ID	_____
Date of Birth	_____
Home Address	_____
	_____

### Transportation Details

Please select your child's transportation preference and provide the required information.

Transportation Method	Bus Route Number	Bus Stop Location	Pick-up Time	Drop-off Time
<input type="checkbox"/> Bus	_____	_____	_____	_____
<input type="checkbox"/> Private Vehicle	N/A	_____	_____	_____

### Bus Routes and Timings

Route Number	Route Description	Pick-Up Location	Timings
Route 1	[e.g., North Side Route]	[e.g., Main Entrance]	Pick-up: [Time] Drop-off: [Time]
Route 2	[e.g., West Side Route]	[e.g., Park Avenue Stop]	Pick-up: [Time] Drop-off: [Time]
Route 3	[e.g., East Side Route]	[e.g., Oak Street Stop]	Pick-up: [Time] Drop-off: [Time]

### Emergency Contact Information

Please provide emergency contact details for your child.

### Student Transportation Form (V.1.0)

Address: Near Isalam City, Ladhawala Warraich, Gujranwala

Phone: +92 306 8731934  
Email: admin@ails.school  
Website: www.ails.school



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Emergency Contact Name	Relationship to Student	Phone Number	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Parental Consent and Acknowledgment

I, the undersigned, give permission for my child, **[Student's Full Name]**, to use the school transportation system as per the details outlined above. I acknowledge the following:

- I understand that my child will be supervised while traveling to and from school.
- I consent to my child's participation in the school's transportation system, including the use of bus services if applicable.
- I am aware that the school will take all reasonable precautions to ensure my child's safety while using school transportation.
- In case of emergency, I authorize the school to contact the emergency contact provided above.
- I will ensure that my child is present at the designated pick-up location at the specified time.

Permission	Consent	Parent/Guardian Initials
<b>I give permission for my child to use school transportation.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>I authorize my child's participation in the transportation program.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>I acknowledge that the pick-up and drop-off timings are subject to change.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

## Parent/Guardian Information

Full Name of Parent/Guardian	Relationship to Student	Phone Number	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Acknowledgment and Signature

By signing below, I confirm that I have provided accurate information regarding my child's transportation preferences and emergency contact details. I acknowledge the terms of the school's transportation services and consent to my child's use of them.

- **Parent/Guardian Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

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## For School Use Only

Transport Assigned To	Route Number	Bus Stop Location	Assigned Timings	Approved By
_____	_____	_____	_____	_____

This **Transportation Form** helps Akhtar International Learning School ensure that the student's transportation needs are met, providing detailed information on bus routes, timings, and emergency contacts for student safety. The form also includes clear parental consent for the transportation arrangement.

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