

488,AJOYNAGAR , E.M.BYEPASS, KOLKATA- 700094 PHONE: 033 71205250 , EMAIL : admin@ivws.org

PARENT REQUEST FORM

	mante with () is main	DATORT						
STUI	DENT NAME *	Ι			DATE *:			
STUDENT ID *			,					
CONTACT NO *		/	/	CLASS *	SECT	TION *		
CON	TACT NO							
(A) (i)	CHANGE IN CONTACT D	ETAILS (FATH	ER)					
	PHONE NO			EMAIL				
(ii)	CHANGE IN CONTACT D	ETAILS (MOTH	HER)	EWALE				
	PHONE NO			FARAU				
	THORE NO			EMAIL				
(iii)	CONTACT DETAILS OF P	ARENT / GUAR	RDIAN FOR SMS / EM	AIL COMMUNICATION W	VITH SCHOOL.	Name of Street		
	NAME			RELATIONSHIP WIT	RELATIONSHIP WITH STUDENT			
	PHONE NO			EMAIL				
(B)	CHANGE OF ADDRESS							
	ADDRESS							
(C)	BUS WITHDRAWAL / CH	ANGE OF PICK	CLIP POINT / CHANGE	OF DROP POINT (TICK A	DDDODIATE OD	TION		
1 /		ANGE OF FICE	OF FORET / CHARGE	OF BROF FORM (FICK A	PPROPIATE OF	IION)		
	DATE OF LEAVING							
	REASON FOR LEAVING							
	PICKUP POINT							
	DROP POINT							
(D)	CHANGE IN SHIFT / STREAM / 2ND LANGUAGE / 3RD LANGUAGE (TICK APPROPRIATE OPTION)							
NEW SHIFT/STREAM								
			CHAN	NGE IN LANGUAGE				
	2ND LANGUAGE			3RD LAN	IGUAGE			
(E)	TRANSFER CERTIFICATE		l .					
	(BOTH THE PARENTS SIGNATURE IS MANDATORY FOR TC APPLICATION)							
	DATE OF WITHDRAWAL							
	REASON FOR WITHDRAY	WAL						
	FEEDBACK (IF ANY)				*			
			1					
(F)	DUPLICATE ID/ESCORT/BA	G ID CARD/ FEE	BOOK (REASON) /ANY	KIND OF SPECIAL CHANGE	S (WITH SUPPO	RTING DOCUMENTS		
	FATHER'S SIGNATURE		MOTHER'S SIGNATU	JRE				
	NAME:		ME:					
	(IN BLOCK LETTERS)		(IN BLOCK LE	TTERS)				
Office	use:							
						PRINCIPAL'S SIG		
Library Clearance (for TC):				Accounts (for TC):				
Remarks:			Fee clearance Stat					
Librarian's Signature: Date:				Signature:		Date:		