



خدمات النقل المدرسي ذم م
SCHOOL TRANSPORT SERVICES LLC
السلامة أولاً SAFETY FIRST

Photograph
of Student

REQUEST FOR TRANSPORT SERVICE

Name of School :

Service Start Date :

Pick up / drop off point :

Please complete the form

Parent / Guardian Name:

P. O. Box Emirate

Street Address

E-mail: Alternate E-mail, if any

Telephone Numbers: Office Residence Mobile

Srl. No	Student Name	School Computer No	Section	Grade / Year
1.				

Please provide a detailed location address / map to determine pick-up / drop-off point(s)
(use a blank sheet, if necessary)

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Please list the adult(s) authorised to collect your child / children from the drop-off point (applicable to children up to Grade 2)

1. _____ 2. _____ 3. _____

The transport service will not be available to those who do not comply with the Terms & Conditions stated herein.

I have read and understood the terms and conditions of School Transport Services and agree to the terms stated therein.

For Office Use Only

Parent's Signature Date

Ref No:

Bus No:

Date :