



Student Registration Form

School Name :

School Year :

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

Tel nos: Office Residence Mobile

Sr 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)

[Empty box for detailed location address]

Please list the adult(s) authorised to collect your child / children from the drop-off point (applicable to children up to Grade 4)

1. _____ 2. _____ 3. _____

The bus transportation fee should be paid on or before the fifth of the first month of the term. The transport service will not be available to those who do not comply with the terms and 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

Ref No:
Bus No:
Date :

Parent's Signature

Date