

School Transport Services LLC

STS-CS-1-F-01

Student Registration

School Name:			
Name of Student:			Upload Photograph
Student ID No.:			(JPEG format)
Grade / Year:	Section:	Nationality:	
Date of Birth:DD/MM/YY	A ge:	Gender:	_
Service Start Date:	Medica	l Condition / Allergy (if any)):
RESIDENCE DETAILS:			
Emirate:		Area:	
Nearest Landmark/ Pick-up P	oint:		
Location Latitude (X):		Location Longitude (Y):	
Parent / Guardian Name:			
P. O. Box House/	Building/Villa No:	Street:	
Makani No.	Issued by Dubai	Municipality/Applicable only for Er	nirate of Dubai)
E-mail:	A	Alternate E-mail:	
Office No:	Residence No:	Emergency No:	
Father's Mobile:		Mother's Mobile:	
I have read and understood the clauses stated therein.	ne Terms and Conditi	ions (STS-CS-1-F-02) of School Tr	ansport Services and agree to
are diagon stated the offi		For Office	e Use Only
		Ref No:	
		Bus No:	
Parent's Signature	Date	Date:	