

SCHOOL BUS TRANSPORTATION REQUEST FORM

Please complete the form and return to the Transport Office or Reception located at the South Campus, ground floor or email to studentservices@rafflesis.com.

Raffles International School does not itself provide bus service for its students. This service is provided by ARAB FALCON BUS RENTAL. The School acts in a liaison role making the necessary arrangements with the bus contractor on behalf of the parents, and will answer to questions and concerns in relation to the bus service. **We require three (3) weeks advance notice for all new application. Late submission may result in student not being able to ride on the bus by the desired date.**

WHILST EVERY EFFORT WILL BE MADE TO ACCOMMODATE ALL REQUESTS, THE DECISION ON WHETHER THE STUDENT IS BEING ALLOCATED A SEAT RESTS WITH THE SERVICE PROVIDER WHICH WOULD DEPEND ON WHETHER (1) THERE IS AVAILABLE SEAT ON EXISTING BUSES AND (2) THE STUDENT RESIDES ALONG THE PLANNED BUS ROUTES.

Bus Transportation Service Charge: AED 750 per calendar month or part thereof (Payable for 10 months from September to June of each Academic Year). This can be fully paid up in advance or in three installments at the time of submission of this form. All payments will be made to ARAB FALCON BUS RENTAL LLC and are NON-REFUNDABLE under any circumstances.

PARENTS' PARTICULARS

FATHER'S PARTICULAR	Family Name	Other Name	Contact No.	
			<i>Tel</i>	
<i>Email Address</i>			<i>Fax</i>	
<i>Designation</i>			<i>Mobile</i>	
<i>Company Name</i>				
MOTHER'S PARTICULAR	Family Name	Other Name	Contact No.	
			<i>Tel</i>	
<i>Email Address</i>			<i>Fax</i>	
<i>Designation</i>			<i>Mobile</i>	
<i>Company Name</i>				

CHILDREN'S PARTICULARS

No.	Gender (M/F)	Family Name	Other Name	Class/ Grade	Age	Start Date DD/MM/YY	To School (Y/N)	Return Home (Y/N)
1.								
2.								
3.								
4.								
5.								

RESIDENTIAL ADDRESS (Please provide as much information)

Block	Street Name	Unit	Building Name	Home Tel No.

Please provide a sketch of the residence location.

BILLING DETAILS

(Fill in details below if invoices are to be sent to non-residential addressee/company)

<i>Attention to</i>				<i>Email</i>		
<i>Department</i>						
<i>Company Name</i>						
<i>Billing Address</i>						
<i>Contact No.</i>	<i>Tel</i>		<i>Fax</i>		<i>Mobile</i>	

This registration form will not be processed unless it is signed. By signing, you agree to the terms and conditions of the waiver and indemnity form attached.

Parent / Guardian Name & Signature				Date	
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For Official Use Only:

Amount Received			Date of Payment	
Remarks				