

	JAPANESE SCHOOL	
Student Registration Form		

Name of Student: \_\_\_\_\_

Student ID No: \_\_\_\_\_

Grade: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F  
DD/MM/YY

Service Start Date: \_\_\_\_\_ Medical Condition / Allergy (if any): \_\_\_\_\_

**RESIDENCE DETAILS:**

Emirate: \_\_\_\_\_ Area: \_\_\_\_\_

Nearest Landmark / Pick-up Point: \_\_\_\_\_

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 the Emirate of Dubai.)

E-mail: \_\_\_\_\_ Alternate E-mail: \_\_\_\_\_

Office No.:       Residence No.:       Emergency No.:

Father's Mobile:         Mother's Mobile:

☐ I have read and understood the Terms and Conditions of Al Sahel Passenger Transport By Rented Buses L.L.C (AL SAHEL ) and agree to the clauses stated therein.

**For Office Use Only**

Ref No.: .....

Bus No.: .....

Date: .....

\_\_\_\_\_  
**Parent's Name**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

## 申込書送り先

Mail - Al Sahel Passenger Transport

[alsahelpassengertransport@gmail.com](mailto:alsahelpassengertransport@gmail.com)

電話による問合せ先

Mr. Aiman - 056 757 3842