

School Transport Services LLC

STS-CS-1-F-01

Student Registration

School Name:							
Name of Student:	Upload Photograph						
Student ID No.:	(IDEC format)						
Grade / Year: Section	on: Nationality:						
Date of Birth: Age: _	Gender:						
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/Vil	lla No: Street:						
Makani No. (Issued by Dubai Municipality/Applicable only for Emirate of Dubai)							
E-mail: Alternate E-mail:							
Office No: Residence No: Emergency No:							
Father's Mobile: Mother's Mobile: Mother's Mobile:							
I have read and understood the Terms and Conditions (STS-CS-1-F-02) of School Transport Services and agree to the clauses stated therein.							
	For Office Use Only						
	Ref No:						
<u> </u>	Bus No:						
Parent's Signature Date	Date:						



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Revision History

Version	Description of Change	Prepared / Updated By	Reviewed By	Approved By	Date
1.0	Initial release	DC	QA	MD	24.09.2010
1.0	Document format of the existing form is changed to align with the Control of Documented Information Procedure.	QA	QA	MD	08.03.2017
1.1	Included Student medical condition and Longitude & Latitude of pick-up location.	QHSE	FD	MD	17.06.2019
2.0	Revised the document code and linked the form to Student Management process.	QHSE	FD	MD	08.07.2019