



# AL SARAYA BUSES RENTAL LLC

## Transport Form



School Academic Year \_\_\_\_\_ D. No. \_\_\_\_\_ Date: \_\_\_\_\_  
 Name of the student \_\_\_\_\_ Grade \_\_\_\_\_ Division \_\_\_\_\_

**Please provide the exact location for new transport:**

Confirmed Date of Entry \_\_\_\_\_ Emirates \_\_\_\_\_  
 Pick-up / Drop-off Point \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Note:- Only limited areas are covered, Kindly visit to Al Saraya website for more information - [www.alsaraya.ae](http://www.alsaraya.ae)*

**Change of Residence and bus routes:**

Old Bus Route No. _____	New Bus Route No. _____
Old Bus Stop: _____	New Bus Stop: _____
Old Location: _____	New Location: _____

*Note:- One month prior notice required for any route or residence change. Fees : Dhs. 100 (subject to seat availability).*

**Please fill the details for transport cancellation:**

Bus Route No. \_\_\_\_\_ Bus Route Name (Area) \_\_\_\_\_  
 Notice Date \_\_\_\_\_ Cancellation with effect from \_\_\_\_\_  
 Reason for cancellation \_\_\_\_\_  
 \_\_\_\_\_

*Note:- Request for discontinuation of transport facility must be submitted THREE MONTH in advance to the Al Saraya Office.*

**Terms and conditions of school bus service:**

I have read and understood Terms & Conditions related to the school bus logistics and confirm my acceptance.

Parent's Name & Signature \_\_\_\_\_ Mobile No. \_\_\_\_\_

**For Transport Department office use only:**

Type of Transport: Please tick (√) New Transport ( ) Route Change ( ) Transport Cancellation ( )

New Bus Route No. _____ Route Name: _____	
With effect from _____ Area Code: _____	
Stop Name _____	Authorised Signature & Date

<b>For Accounts Department Office use only:</b>	<b>For CLP Department Office use only:</b>
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Application received date _____ / ____ / ____	Application received date _____
Bus Fees for Term (√) _____ First / Second / Third	Student profile updated by _____
Total Fees ( in AED) _____	RFID Issued Date _____

Authorised Signature & Date (Accounts Department)	Authorised Signature & Date (CLP Department - School)
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# AL SARAYA BUSES RENTAL LLC

## INFORMATION SLIP FOR DRIVER



Student's Name \_\_\_\_\_ Grade & Div \_\_\_\_\_ D. No. \_\_\_\_\_  
 The above student has (Permission / Discontinue) to ride bus route no# \_\_\_\_\_ for \_\_\_\_\_ day(s)  
 Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Destination (Stop Name) \_\_\_\_\_ Authorised Signature: \_\_\_\_\_  
 This pass must be shown to bus driver upon entering bus. \_\_\_\_\_ Date: \_\_\_\_\_