## مدرسة الوحدة الدولية الخاصة Al Wahda International Private School



## **School Transport Request Form**

Date of Admission:	First Name(s):	Family Name:	
Grade:	Reg. No:		
Sex:			
		РНОТО	
Class:			
Address:			
Please provide details of any medical condition that the child may have whilst on the bus, such as Asthma, Epilepsy etc.			
Home Telephone :			
Father's Name:	Mother's Name:		
Father's Office #:	Mothers Office #:		
Father's mobile #:	Mother's mobile #:		
Signature of Parent/Guardian:	I have read and understood transport and agree to abid		

1 Tel: (971 2) 4458 200 E-mail: alwahda@wip.sch.ae website: www.wip.sch.ae

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Service Option	
Two Way :	
One Way :	
Conditions:	
<ol> <li>School transport fees are fixed and must be paid at the beginning of the Year/semester.</li> </ol>	
<ol> <li>Transport facilities are available only within Abu Dhabi city. Full details are ava from the Transport Coordinator.</li> </ol>	ilable
<ol> <li>Parents wishing to withdraw from school transport arrangements must comple Discontinuation Form, available from the Transport Coordinator, at least one m in advance.</li> </ol>	
<ol> <li>These services are available on a first come, first serve basis and no guarantee made that a place will be available. If registration at the school is dependent o place on the bus, please see the Transport Coordinator before registering your</li> </ol>	n a
<ol> <li>Any change to your home location must be forwarded to the Transport Coordin at least 15 days in advance. No guarantee can be made that a seat in another will be available.</li> </ol>	

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