



Student Registration

School Name: GEMS UNITED INDIAN SCHOOL – ABU DHABI

Name of Student: _____

Student ID No.: _____

Grade / Year: _____ Section: _____ Nationality: _____

Date of Birth: _____ Age: _____ Gender: _____
DD/MM/YY

Upload
Photograph
(JPEG format)

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: _____

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 (BBT-CS-1-F-02) of Bright Bus Transport and agree to the clauses stated therein.

For Office Use Only

Ref No:

Bus No:

Date:

Parent's Signature

Date