

☐ **NEW RIDER**☐ **OLD RIDER****NAME OF SCHOOL:** _____**SCHOOL YEAR:** _____**STUDENT INFORMATION**

No.	Last Name	First Name	Year	Class	Gender	Start Date
EX:	MOHAMMAD	RAMIZ	Y3	FRANCE	MALE	JAN. 07, 2023
1						
2						
3						

PARENTS INFORMATION

Name	Email	Mobile & Home Phone Number
FATHER:		
MOTHER:		
EMERGENCY CONTACT:		

PAYMENT METHOD**TRANSPORTATION OPTIONS**

☐ I WILL PAY BY BANK TRANSFER	☐ MY CHILD REQUIRES TWO-WAY TRANSPORTATION
☐ I WILL PAY BY CASH	☐ MY CHILD REQUIRES ONLY MORNING PICK UP
☐ I WILL PAY BY CHEQUE	☐ MY CHILD REQUIRES ONLY REGULAR AFTERNOON DROP OFF (2:15 PM)
Please make cheque paid to: New Image Building Services Gulf States LLC	☐ MY CHILD REQUIRES ONLY EARLY DROP OFF (11:45 AM) NOTE: ONLY SELECTED AREAS

PICK-UP / DROP-OFF INFORMATION

AREA NAME	
ZONE NO.:	
BUILDING NO.:	
STREET NO.:	

IF NECESSARY, PLEASE DRAW OR SKETCH A MAP OF YOUR EXACT LOCATION ON SPACE PROVIDED, OR ATTACH A MAP (FROM GOOGLE MAP PRINT OUT)

If possible, please copy into this space the Blue-Plate Address details attached to your property, similar to the photo shown below.

Example shown (please remove and add your own)



MEDICAL CONDITION

DOES YOUR CHILD HAVE A MEDICAL CONDITION?

☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

ACCEPTANCE RECEIPT

This is a transport contract for individuals which is subject to the relevant provision of the commercial law and laws of Qatar, transportation terms and conditions are not subject to negotiation.

I, (parent's full name) _____, hereby acknowledged that I have completely read and understood the school transportation enrollment package and agree to accept and comply with these regulations. I further acknowledge that I have communicated these regulations to my child(ren), particularly the bus behavior guidelines. also, I hereby accept full responsibility of full semester payment of bus fees regardless to how many times my child used the bus service and/or should I fail to inform New Image Building Services Gulf States, LLC. of cancellation prior to start of bus service. should this application be accepted by New Image, I hereby authorized the company to provide transportation serve as communicated.

PARENT'S FULL NAME	SIGNATURE	DATE SIGNED

FOR OFFICIAL USE ONLY:	RECEIVED BY	DATE	REMARKS
BUS NO.	PICK-UP TIME:	DROP-OFF TIME	P/U & D/O LOCATION

Deliverables

Please ensure you have included the following with your submission. Any missing information could delay the start of your service.

1. Completed Transport Enrollment Package Application Form
2. Scanned Copy of main parent's QID for invoicing purposes
3. Photograph of the building's Blue Plate attached to your address for GPS purposes.