



NAJMAT AL NAJAH BUSES TRANSPORT

Transport Form



School Academic Year _____ S. 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 Najmat website for more information - www.najmat.ae

If 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:- Any change in Routes or residence minimum of 1 month prior notice required.

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 ONE MONTH in advance to the Najmat 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

For Accounts Department Office use only:	For CLP Department Office use only:
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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INFORMATION SLIP FOR DRIVER



Student's Name _____ Grade & Div _____ S. 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: _____	