



مدرسة الرسالة العلمية الدولية
Al Resalah International School of Science



ATHENA EDUCATION
For Social Grace

Al Resalah International School of Science

Bus Cancellation Form

Date _____

For Parents

Sr. No.	Students ID/EN	Student Name	Grade	Section
1				
2				
3				
4				
5				
6				

Bus No _____ *Stop Transport with effect from Date _____

* Reason for Cancellation _____

In case of student's withdrawal during the term from the school bus, The transportation refund fees will be calculated as per the MOE Bylaw. I have read and understood Term & Conditions related to the school transport and confirm my acceptance

Parent's Name and Signature _____

Mobile No. _____

For Office Use Only

Request Received Date _____ Request approved date by Transport Head _____

Start Service Date _____ Stop Transport with effect from Date _____

Assistant Name: _____ Signature: _____

Transportation Head comment: _____

Transportation Head signature: _____