

Tri Logistics W.L.L.

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SCHOOL BUS APPLICATION FORM 2009/2010

NAME OF SCHOOL

First time applying? Yes No

Already Admitted? Yes Not Yet

STUDENTS INFORMATION:

	Last Name	First Name	Grade	Start Date	To	From	Both
					School	School	Way
1							
2							
3							
4							

CONTACT DETAILS OF PARENTS / EMERGENCY CONTACT:

Name	Relation	Landline #	Mobile #	Work #
	Emergency Contact			

PARENT'S EMAIL: _____

PAYMENT INFORMATION:

Payment is done by

Self (cash/checks accepted. Please make Checks paid to: Tri Logistics WLL)

Employer Name: _____

Please note: Corporate sponsored parents will be invoiced directly unless employer submits "Letter Of Approval" for payment.

PICK-UP – DROP-OFF INFORMATION:

Area Name / Land Mark: _____

Compound / Building: _____

Villa / Apartment No.: _____

MEDICAL CONDITION:

Does your child have a medical condition?

Yes No

If yes, please explain: _____

Is child on Medication?

If yes, Name: _____

If necessary, please also add a map of your exact location on a separate paper (i.e. Google earth print-out)

I hereby accept full responsibility of full payment of bus fees should I fail to inform the Tri-Logistics Transportation Office of cancellation prior to start of bus service, regardless to how many times my child used bus service.

I have read and understood the Transportation Outline and I accept all the terms and conditions stated.

Date of Application _____

Submitted by (PRINT NAME) _____

Signature _____

Please make sure you have checked both boxes above before handing in signed application.