The Arcadia Preparatory School



Pupil Registration Form

School Name :	
Name of Pupil:	Upload Photograph
Computer ID No. :	(JPEG format)
Year: Class : Natio	onality:
Date of Birth: Age: dd/mm/year	Gender:
Service Start Date: Medical Cond	dition / Allergy (if any) :
RESIDENCE DETAILS:	
Emirate: Area:	<u></u>
P. O. Box House/Building/Villa No:	Street:
Makani No. (Issued by Du	ıbai Municipality)
E-mail: Alter	rnate E-mail:
Office No: Residence No:	Emergency No:
Father's Mobile:	Mother's Mobile:
	drop off point unless the designated adult is present to collect them shown the child will be brought back to school and it will be the chool. (Please refer to the Terms & Conditions).
I have read and understood the Terms and Cortherein.	nditions of Arcadia transport service and agree to the clauses stated
	For Office Use Only
	Ref No:
	Bus No:
Parent's Signature Date	Date :