

Application for Admission

For School Use Only

Parent N° _____ Student Registration N° _____ Date of Test: ____/____/____
(Day/Month/Year)

May register for Grade: _____ As of: ____/____/____
(Day/Month/Year)

With: Birth Certificate Previous School Report

2nd Language: Arabic Fees% _____

Signature: _____ Date: ____/____/____
(Day/Month/Year)

Student's Name:

As per school spelling _____
(First) (Father's or Middle) (Family)

RECENT
PHOTO

Please Print Clearly as Written on the Birth Certificate

Date of Application: ____/____/____
(Day/Month/Year)

Application for Academic Year 20...../20.....

Name (As Per Passport/ Birth Certificate): _____
(First) (Father's or Middle) (Family)

Date of Birth: ____/____/____ Language Spoken at Home: _____ Other Languages: _____
(Day/Month/Year)

Gender: Male Female Religion: _____ Nationality (by passport) _____

Transportation (Optional with Extra Fees): Yes No

(If yes, please complete the transportation application and attach a map clarifying the route)

Previous School: _____ Previous Class: _____ Country: _____

Medical Problems: Yes No (Please complete enclosed medical form.)

Has your child ever applied or attended a SABIS[®] Network school? Yes No

Are your child's siblings attending a SABIS[®] Network school? Yes No

If yes, please write his/her name and grade. _____

2nd Language: Arabic

We shall assume that we have your permission to use your child's picture in school publications unless you inform us otherwise.



Information about Guardians

All changes must be approved by the 1st Guardian / The 1st Guardian is the contact person by default.

1. Name of 1st Guardian: _____ Relationship to Student: _____

Occupation: _____ Company Name: _____

Work Address: _____ Fax No.: _____

Telephone: _____ (Office) _____ (Home) _____ (Mobile) E-Mail: _____

2. Name of 2nd Guardian: _____ Relationship to Student: _____

Occupation: _____ Company Name: _____

Work Address: _____ Fax No.: _____

Telephone: _____ (Office) _____ (Home) _____ (Mobile) E-Mail: _____

Kindly note that the father is the legal guardian unless official documents are presented and approved by the school lawyer.

Legal Guardian's Home Address: _____

Floor _____ Flat _____ Area _____

How long have you been in this country? _____ How long do you intend to stay? _____

Emergency Contact (other than guardians):

1) Name: _____ Relationship: _____ Telephone: _____

2) Name: _____ Relationship: _____ Telephone: _____

I, the Guardian, confirm all the above details to be correct.

Name: _____ Signature: _____