



REGISTRATION FORM

2016-17

Tracking No: _____

Date: _____

NAME OF THE CHILD :(AS IN EMIRATES ID) _____

DATE OF BIRTH: _____ (DD/MM/YY)

COUNTRY OF BIRTH: _____ NATIONALITY: _____

EMIRATES ID NO: _____ GENDER: _____ RELIGION: _____

SCHOOL/ NURSERY LAST ATTENDED: _____

PREVIOUS SCHOOL CURRICULUM _____ SEEKING ADMISSION TO: FS _____ Year _____

RESIDENTIAL ADDRESS _____ EMIRATES _____

RESIDENCE TEL NO: _____

NAME OF SIBLINGS IN DIS IF ANY: _____

DO YOU REQUIRE TRANSPORT Yes/No: (subject to availability of seat)

Area (In detail) _____

NAME OF FATHER: _____ NATIONALITY _____

NAME OF COMPANY: _____ OFFICE NO. : _____

OCCUPATION: _____ DESIGNATION: _____ MOBILE NO. : _____

P.O.BOX NO: _____ EMIRATES _____

NAME OF MOTHER: _____ NATIONALITY _____

NAME OF COMPANY: _____ OFFICE NO. : _____

OCCUPATION: _____ DESIGNATION: _____ MOBILE NO. : _____

P.O.BOX NO: _____ EMIRATES _____

HAVE YOU APPLIED PREVIOUSLY TO THIS SCHOOL Yes No

Email ID for School communication _____

Does your company reimburse your child's tuition fee & other charges Yes No

Special Learning Needs (if any)

Does your child have any special physical or psychological needs? Yes / No. If Yes please give details.

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**Has your child ever received learning support for specific learning problems in any of the previous schools?
Yes / No/NA**

If yes please give details

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Does your child have any medical condition? Yes / No-Specify

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Signature of Parent

Date:

For office use only

Interview Comments

By:

Admitted to :

Signature of the interviewer& Date