



Photo

REGISTRATION FORM

Academic Year 2020-2021

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS

Child's Surname (In block letters) :.....
 First Name(s):.....
 Date of Birth :..... Nationality:..... Sex:..... Age:.....
 Languages spoken.....

Address :.....
 Name of Mother :.....
 Residence Telephone :..... Mobile No:.....
 Occupation:.....
 Name of Father :.....
 E-mail id:.....
 Occupation :..... Name of the Company.....
 (Please enclose your business card)
 Mobile No. :..... E-mail id :.....

Second language you want your child to learn: **French** Yes/No **Arabic** Yes/No

Consent for **uploading your child's photographs**
 on school website: Yes/No School Facebook page Yes/No

Has your child had any of the following childhood illnesses before?
 Measles Yes/No Chicken Pox Yes/No
 Is hearing normal?.....
 Eyesight?.....
 Allergies? (If any).....
 Copy of the child's passport and the immunization card should be attached to this form.
 In case of an emergency,
 Doctor to contact :..... Telephone no.....

Registration fee of ... (non-refundable) must accompany this form. Tuition fees are payable termly in advance, irrespective of the actual date of admission, re-entry or withdrawal of the child or of the number of days in a week a child attends school.

I hereby certify that I have read the above and agree to abide by the same

PARENT SIGNATURE:..... DATE:.....

FOR OFFICE USE ONLY
 Date child eligible for entry :.....

 SCHOOL DIRECTOR

