



Registration Form

Please insert a
recent passport
photograph of your
child

Child's Full Name:

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PLEASE COMPLETE ALL DETAILS IN FULL

Pupil's Information

Date of application					
Child's Full Name (as per passport)					
Child's Date of Birth	Gender	M/F	Place of Birth		
Child's Nationality			Religion		
Passport No.			Expiry date	Place of issue	
1 st Language			2 nd Language		
Current nursery/school (if)			Class		
Proposed Class			Starting Date		
Home Address					

Parent's / Guardian's Information

Title (please circle)	Mr.	Dr.	Other -		
Father's Full Name					
Father's Profession					
Name of Employer					
Father's Civil ID No.					
Home Address					
Phone no.	Home		Mobile no.		Work
Email address					
Title (please circle)	Mrs.	Miss	Ms.	Dr.	Other -
Mother's Full Name					
Mother's Profession					
Name of Employer					
Mother's Civil ID No.					
Home Address					
Phone no.			Mobile no.		Work
Email Address					

Emergency Contact Details (other than parents)

Emergency contact 1		Emergency contact 2	
Name		Name	
Relationship		Relationship	
Mobile no.		Mobile no.	

Siblings

Name and Age	
Name and Age	
Name and Age	

Does your child have any medical condition or special educational needs we should know about?

Yes No

Does your child have an Educational Psychologist's report?

Yes No

DECLARATION

I/We hereby declare that all of the information provided on the admissions form is, to the best of our knowledge, present and correct.

Pupil's Full Name _____

We request that the name of our above-named child be registered as a prospective pupil.

Signed (Father) _____

PRINT NAME _____

Date _____

Signed (Mother) _____

PRINT NAME _____

Date _____

Signed (Guardian) _____

PRINT NAME _____

Date _____

(The signature of both parents / guardian is required)

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