



المدرسة العربية اقرأ

Application form 2017 – 2018

1 - PERSONAL INFORMATION			
Children's full names	Date of Birth	M / F	Name of English school
Adult name			

- New student
 Returning student

2 - PARENTS' DETAILS	
Father's full name:	
Mother's full name:	
3 - CONTACT DETAILS	
Father's phone number:	
Father's email address:	
Mother's phone number:	
Emergency phone number:	Name:
Mother's email address:	
Home address:	
Post code:	
Home telephone number:	
Next of kin name	
Next of kin contact no.	
Language spoken at home	
Country of origin	



المدرسة العربية اقرأ

5 - MEDICAL INFORMATION

Please state any medical problems, including asthma and allergies, or any disabilities

- Please note that it is the responsibility of the parents to provide the above information to the school.
- It is also the responsibility of the parents to administer and follow up on any medication for their child. It is not the school's responsibility to do this.

6 – OTHER INFORMATION

Please use this section to inform us of any other relevant information you wish the staff to be aware of

7 – PHOTOGRAPHY

The school takes photos of the children for official use in our leaflets and online pages. Please indicate your permission for us to do so below:

I do / do not give permission for my child to be photographed by the school.

Please inform the school as soon as possible of *any changes* in the sections of this application form between now and the end of this academic year (2017 – 2018).

Full name: _____

Date: _____

Signature: _____