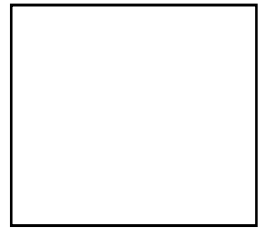




Al Dhafra Private Schools

MBZ CITY, ABU DHABI

STUDENT INFORMATION FORM



APPLICATION DATE					
STUDENT INFORMATION					
FULL NAME (AS PER PASSPORT)					
DATE OF BIRTH		PLACE OF BIRTH			
DAY	MONTH	YEAR	CITY	COUNTRY	
HOME ADDRESS					
COUNTRY	REGION	ZONE	SECTOR	PLOT ID	STREET
TRANSPORTATION MODE (TICK ONE)			<input type="checkbox"/> BUS	<input type="checkbox"/> PARENT	
PASSPORT INFORMATION					
PASSPORT NO	COUNTRY OF ISSUE		EXPIRY DATE		
GENDER	RELIGION		NATIONALITY		
EDUCATIONAL INFORMATION					
CURRENT SCHOOL	ESIS NO. (ABU DHABI)	CURRENT GRADE	PROPOSED GRADE		
LANGUAGES KNOWN					
FIRST LANGUAGE		SECOND LANGUAGE			
EMIRATES IDENTITY CARD INFORMATION					
ID NUMBER	CARD NUMBER	EXPIRY DATE (DAY - MONTH - YEAR)			
ABU DHABI WATER AND ELECTRICITY AGENCY (ADWEA) INFORMATION					
PREMISES ID					
PARENTS' INFORMATION (PLEASE INDICATE IF PARENTS ARE SEPARATED / DIVORCED)			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	FATHER	MOTHER			
NAME					
HOME PHONE					
MOBILE NUMBER					
MAIL ADDRESS					
EMAIL ADDRESS					
PROFESSION					
COMPANY NAME					
OFFICE NUMBER					
PRIMARY CONTACT (TICK ONE)			<input type="checkbox"/> FATHER	<input type="checkbox"/> MOTHER	

LEARNING SUPPORT NEED DETAILS		
HAS YOUR CHILD EVER	Y	N
Been evaluated for learning problems?	<input type="checkbox"/>	<input type="checkbox"/>
Been suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>
Been recommended for remedial measures?	<input type="checkbox"/>	<input type="checkbox"/>
Repeated a level at school for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
Been identified as having special physical, emotional, psychological or language needs?	<input type="checkbox"/>	<input type="checkbox"/>
MEDICATION		ALLERGIES
PLEASE PROVIDE MORE DETAILS BELOW IF YOU HAVE ANSWERED YES (Y) TO ANY OF THE ABOVE.		

PERSON TO NOTIFY IN CASE OF EMERGENCY (OTHER THAN THE PARENTS)		
CONTACT NAME	MOBILE	RELATIONSHIP

ACKNOWLEDGEMENT DISCLAIMER
<p>I grant permission for my child to attend/participate in school-sponsored field trips and other school related activities.</p> <p>I have shared all relevant information about my child's achievement and behaviour, disclosing all information fully including any psycho-educational testing that my child has undergone.</p> <p>I am aware that periodically, photographs are taken in school and give my full permission for my child to be included in photographs even if they published in school promotional material or the media.</p> <p>Various standardized tests are administered to students throughout the school year to gain information about the School's Learning Program and individual needs of the students. I understand that my child will participate in tests administered by the school.</p> <p>I agree to support my child in following, getting to know and understand the school's procedures and regulations.</p>
<p>I HAVE READ THE ABOVE STATEMENT AND GRANT PERMISSION / AGREE TO THE INFORMATION ON THIS FORM.</p>

LEGAL PARENT / GUARDIAN SIGNATURE	
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REQUIRED DOCUMENTS	
1 PASSPORT COPY (A4 size, colored copy of the parents' (Mom and Dad) and student's passport and visa)	
1 BIRTH CERTIFICATE COPY (A4 size, colored; if from abroad, attested from Embassy and Ministry of Foreign Affair.)	
1 IMMUNISATION COPY (A4 size, colored)	
4 PASSPORT PHOTOS	
1 COPY OF WATER AND ELECTRICITY (As ADEC requirement; colored)	
1 COPY OF STUDENT AND FATHER'S EMIRATES ID (Both sides as ADEC requirement; colored)	
1 COPY OF HEALTH INSURANCE CARD (A4 size, colored)	
1 COPY OF FAMILY BOOK FOR LOCALS (A4 size, colored)	
ORIGINAL TRANSFER CERTIFICATE (Stamped from ADEC; if from abroad, attested from Embassy and Ministry of Foreign Affair.)	
ORIGINAL REPORT CARD (Stamped from ADEC; if from abroad, attested from Embassy and Ministry of Foreign Affair.)	