

Admission Department Kindergarten

1-Date of application: ___/___/20___

Student information

2-Student's Name:

3-Date of birth: ___/___/20___

Age of student by the beginning of October ___Y/___M/___D

Parent's information

4-Father's Qualification:

5-Father's Job:

6-Mother's Qualification:

7-Mother's Job:

8-Parent's Mobile No.:

9-Address:

10- E-mail:

Do you need transportation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any relatives in the school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any brothers/sisters in the school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Medical information

11- Does your child suffer from any diseases or allergy that requires special care? Yes No

kind of disease:

12- Is your child taking any specific medication on regular basis?

If so, please give details:

13- Is there any reason that prevents the student from participating in the full physical education program?

If yes, please give details:

Notes:

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