

Admission Department

Kindergarten

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

Student's information

2- Student's Name:

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

Age of student by the beginning of October ____Y/____M/____D

4- Nationality :

Parent's information

5- Father's Qualification:

6- Father's Job:

7- Mother's Qualification:

8- Mother's Job:

9- Marital status of parents :

10- Parent's Mobile No.:

11- Address:

12- E-mail:

Has the student previously attended nursery?	Yes		No	
Do You need Transportation?	Yes		No	
Do You have a brother / Sister in the school?	Yes		No	
(IF Yes) Brother/sister's name			Stage/Class	

13- Does the child suffer from any diseases or allergies that require special care?

Mentioning the type of treatment:

14-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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