

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		No	
Do You have Relatives in the School?	Yes		No	
Do You have a brother / Sister in the school?	Yes		No	
(IF Yes) Brother/sister's name			Stage/Class	

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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