

# مدرسة الامارات الدولية

## EMIRATES INTERNATIONAL SCHOOL

**Please select:**

Branch :  JUMEIRAH  MEADOWS  
Academic Year :  2009 / 2010  2010 / 2011

Passport  
Size  
Photograph

NAME AS IN PASSPORT: \_\_\_\_\_

GRADE REQUESTED: \_\_\_\_\_ DATE OF BIRTH (dd/mm/yyyy): \_\_\_\_\_

**This registration form will only be accepted with the following enclosures:**

- 1 photocopy of the recent and the last school report cards, including teacher's comments (translated into English if necessary).
- 2 photocopies of key pages of passport.
- 2 photocopies of Valid Residence Visa (to be submitted in September for the overseas students).
- 2 photocopies of Birth Certificate translated into English or Arabic if necessary.
- 3 colour passport size photographs.
- 2 photocopies of Vaccination Records.
- Transfer Certificate from the current school from Grade2 and up (to be submitted in September).

**PLEASE NOTE THAT ACCEPTANCE DOES NOT FOLLOW AUTOMATICALLY.**

• Emirates International School will confirm enrollment at a later date after:

1. Assessment tests have been completed.
2. Completion of all the above mentioned documentation.

**FOR INTERNAL USE ONLY**

**GRN:**

Assessment Date: \_\_\_\_\_

English Result: \_\_\_\_\_

Math Result: \_\_\_\_\_

Remarks: \_\_\_\_\_

APPLICATION # \_\_\_\_\_

Received Date: \_\_\_\_\_

Principal's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Principal's Remarks: \_\_\_\_\_

Application Form





**STUDENT DETAILS**

- 1. First Name \_\_\_\_\_ Middle Name \_\_\_\_\_
- 2 Family Name \_\_\_\_\_
- 3 Full Name in Passport \_\_\_\_\_
- 4. Nationality Passport (1) \_\_\_\_\_ Nationality (2) \_\_\_\_\_
- 5. Passport # \_\_\_\_\_ Place of Issue \_\_\_\_\_ Date of Expiry \_\_\_\_\_
- 6. Residence Visa # \_\_\_\_\_ Issue Date \_\_\_\_\_ Date of Expiry \_\_\_\_\_
- 7. Religion \_\_\_\_\_
- 8. Date of Birth (dd/mm/yy) \_\_\_\_\_ Male  Female
- 9. City/Country of Birth \_\_\_\_\_

**EMERGENCY CONTACT** Nos. 1. \_\_\_\_\_ 2. \_\_\_\_\_

*Note: It is the responsibility of the parents to keep the contact numbers updated.*

**DECLARATION OF MEDICAL HISTORY**

- Health Problems - Please specify- \_\_\_\_\_
- Physical Education / Sports Restriction \_\_\_\_\_
- Any Special Medication - Please specify \_\_\_\_\_
- Blood Group \_\_\_\_\_

**PREVIOUS SCHOOL DETAILS**

**Please Specify the Current School System:**     12 Grade/Year     13 Grade/Year

Name of the School	City	Country	Grade	From	To

1<sup>st</sup> Language \_\_\_\_\_ 2<sup>nd</sup> Language \_\_\_\_\_

**PARENTS DETAILS**

- | Father                | Mother |
|-----------------------|--------|
| 1. Name _____         | _____  |
| 2. Nationality _____  | _____  |
| 3. P.O. Box _____     | _____  |
| 4. City _____         | _____  |
| 5. Home Phone _____   | _____  |
| 6. Home Fax _____     | _____  |
| 7. Office Phone _____ | _____  |
| 8. Fax No. _____      | _____  |
| 9. Mobile _____       | _____  |
| 10. E-mail _____      | _____  |
| 11. Occupation _____  | _____  |
| 12. Company _____     | _____  |
| 13. Sponsor _____     | _____  |

**DETAILS OF BROTHERS & SISTERS**

Full Name	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I confirm that all the above details are correct and that I have read and also agree to the School Fee Policy, and all Other School Policies**

Date: \_\_\_\_\_ Signature of the Parent: \_\_\_\_\_