



ADMISSION FORM

Affix
Photograph

Child's Name: _____ Gender: Male/Female

Birth Date: _____ Birth Place: _____

Nationality: _____ Religion: _____

Child's Passport No.: _____ Emirates ID.: _____

Father's Name: _____ Profession: _____

Father's Email ID: _____ Mobile No.: _____

Father's Passport No.: _____ Emirates ID.: _____

Mother's Name: _____ Profession: _____

Mother's Email ID: _____ Mobile No.: _____

Mother's Passport No.: _____ Emirates ID.: _____

Residence Location: _____

Emirate: _____ Residence No.: _____

Does the Child have Siblings? Yes/No. If yes, which school does he/she attend?

Your choice of any one school for Kindergarten 1 OR Year 1:-

Date: _____ Parent's Signature: _____

For Office Use

Admission No.: _____

Admission Date: _____ Joining Date: _____

Class & Section Assigned: _____ Extended Care: Yes/No. If yes, timings: _____

Transport: Bus Area: _____ Own/Self: _____

Signature: _____