



Student's Recent
Photo

APPLICATION FORM

For office use only:

Student ID: _____ Assessment Date: _____ Time: _____

| | | | |
|---------------------------------------|--|------------------------------|--------------------|
| Student's & Parents Smart Card reader | Birth Certificate & Vaccination Certificate (copy) | Previous Report Cards (copy) | (4) Photos 2x2 in. |
| Application Fees | Registration Fees | Book Fees | |

| | |
|----------------------------|---|
| General Information | First Name: _____ Middle Name: _____ Family Name: _____ |
| | Preferred Name/Nickname: _____ |
| | DOB: / / Place of birth: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Nationality: (according to passport) _____ CPR No.: _____ |
| | Natural Language (mother tongue language) _____ |
| | Applying for grade: |
| | <input type="checkbox"/> 3 years Nursery <input type="checkbox"/> 4 years KG1 <input type="checkbox"/> 5 years KG2 <input type="checkbox"/> Elementary 1 - 2 - 3 - 4 - 5 <input type="checkbox"/> Middle School 6 - 7 - 8 <input type="checkbox"/> High School 9 - 10 - 11 - 12 |
| | No. Siblings: _____ |
| | Previous School's Name: _____ |
| | Address: House: _____ Flat: _____ Road: _____ Block: _____ Area: _____ |

| | |
|---------------|--|
| Father | First Name: _____ Middle Name: _____ Family Name: _____ |
| | Nationality: _____ Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> |
| | Level of Education: (BA, MA, ETC): _____ Occupation: _____ |
| | Mobile: _____ Home/Office: _____ |
| | E-mail: _____ |

| | |
|---------------|--|
| Mother | First Name: _____ Middle Name: _____ Family Name: _____ |
| | Nationality: _____ Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> |
| | Level of Education: (BA, MA, ETC): _____ Occupation: _____ |
| | Mobile: _____ Home/Office: _____ |
| | E-mail: _____ |

| | |
|--|--|
| Other Guardians (if applicable) | First Name: _____ Middle Name: _____ Family Name: _____ |
| | Nationality: _____ Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> |
| | Level of Education: (BA, MA, ETC): _____ Occupation: _____ |
| | Mobile: _____ Home/Office: _____ |
| | E-mail: _____ |

I hereby certify that all information I have provided here is true. Any information found false or incorrect will disqualify my child from being enrolled at Ahlia School, without any financial or legal obligations.

Guardian Name: _____ Signature: _____ Date: ___ / ___ / ___



Health History Report

First Name: _____ Middle Name _____ Family Name: _____

This information is to be completed and signed by parents and returned to the homeroom teacher. It will then be placed on file in the Clinic. The information will be kept in complete confidence.

1. Does your child generally seem to be in good health?

2. Do you believe that your child can participate in regular physical education classes? Yes [] No []
3.
 - a) Is your child currently taking any kind of medication?

 - b) If so, what kind?

 - c) For what purpose?

4.
 - a) Is your child allergic to any kind of medication or foods? YES [] NO []
 - b) If so, please specify.

Please circle below any of the following condition/conditions that your child may have.

| | | | |
|---------------------------|---------------------|-----------------------|-----------------|
| Skin Disease | Asthma | Convulsive Seizures | Diabetes |
| G6 PD | Sickle Cell Trait | Heart Problems | Hearing Defects |
| Epistaxis (nose bleeding) | Sickle Cell Disease | Speech Problems | Vision Defects |
| Sinus Conditions | Thalassemia | Allergies(ex.): _____ | |

5. Does your child use any of the devices listed below?
- Medical Glasses Wheel Chair Hearing Aids Other _____

Please indicate below emergency contact numbers in the event that we need to reach you.
(Please provide at least 3 Telephone Numbers.)

| | Name | Phone Number |
|----------|------|--------------|
| Father's | | |
| Mother's | | |
| Other | | |

Thank you for your cooperation.

Parent's Signature: _____