



## APPLICATION FORM

For office use only:

Student ID: \_\_\_\_\_ Assessment Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

<b>General Information</b>	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) _____		
	Natural Language (mother tongue language) _____		
CPR No.: _____			
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: _____			
<b>Father</b>	First Name: _____	Middle Name: _____	Family Name: _____
	Nationality: _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		
	Level of Education: (BA, MA, ETC): _____ Occupation: _____		
	Mobile: _____ Home/Office: _____		
	E-mail: _____		
<b>Mother</b>	First Name: _____	Middle Name: _____	Family Name: _____
	Nationality: _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		
	Level of Education: (BA, MA, ETC): _____ Occupation: _____		
	Mobile: _____ Home/Office: _____		
	E-mail: _____		
<b>Other Guardians (if applicable)</b>	First Name: _____	Middle Name: _____	Family Name: _____
	Nationality: _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		
	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: \_\_\_\_\_