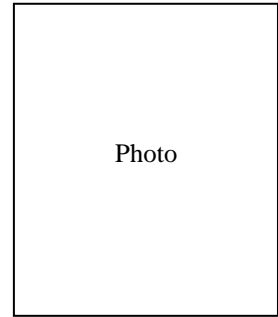




El Alsson
 British & American
 International School
 NEWGIZA



Student Application Form

This is an application only, completion and receipt does not guarantee a place

To be completed by Parent or Guardian

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Application Preference American British

STUDENT DATA:

Name of Child: (please give the exact spelling as it appears on the birth certificate or passport)

.....

Date of Birth: Gender:

Nationality (1): Nationality (2):

Religion: Tel.:

Address:

Language(s) at Home:

SCHOOL DATA:

<i>Previous Schools (most recent first)</i>	<i>Years Attended</i>	<i>Grade(s)</i>	<i>School Name</i>

Reasons for applying:

<i>APPLYING FOR:</i>	<i>Year Group / Grade</i>	<i>School Year</i>	<i>Month to start school</i>

BROTHERS & SISTERS DATA:

<i>Name</i>	<i>Current School</i>	<i>Age</i>	<i>Year Group / Grade</i>

PARENT DATA:

Father: (Full Name):

Address:

Tel: Mobile No:

Nationality:

ID/ Passport Number:

Email:

Education Details: School, University:

Occupation Details:

Occupation:

Employer:

Type of Business:

Business Address:

Business Telephone:

Business Website:

Father's Specimen Signature:

Mother: (Full Name):

Address:

Tel: Mobile No:

Nationality:

ID/ Passport Number:

Email:

Education Details: School, University:

Occupation Details:

Occupation:

Employer:

Type of Business:

Business Address:

Business Telephone:

Business Website:

Mother's Specimen Signature:

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Family Information:

Marital Status:

- Still married to each other Divorced Widowed

If divorced, who is the legal guardian?

Is there a step parent? Yes / No If yes, who? _____

Emergency Information: (2 Persons Other Than Parents)

Name		
Relationship		
Mobile Number		
Address		
E-mail		

Learning Support:

Has your child received any learning support services in a previous school or centre? **Yes/No**

If yes, please provide details/ reports:

.....
.....
.....

Medical Information:

Vaccination Record:

Polio	Yes / No
Meningitis	Yes / No
BCG (TB)	Yes / No
Hepatitis	Yes / No
MMR (Mumps – Measles– Rubella)	Yes / No
DPT (Diphtheria – Pertussis – Tetanus)	Yes / No

Does the child have a physical disability? Yes / No

If yes, please give details:

Does the child have any permanent or recurring health problem? Yes / No

If yes, please give details:

I am aware that this application does not guarantee a place at El Alsson School.

Parent Signature:

El Alsson School Administration

First Name of Student:	
Father Name:	
Family Name:	
Date of Birth:	Current year group:
Future year Group:	For the Year:
Age at 1 October: Years months days	
Bus required: Yes	<input type="checkbox"/> No <input type="checkbox"/>
Application received and checked by: on	

Receipt No:
Student Fees No: Computer No: