



GENERAL INFORMATION

Affix
Photograph

Child's Name: _____ Gender: Male/Female

Birth Date: _____ Birthplace: _____

Nationality: _____ Religion: _____

Father's Name: _____ Profession: _____

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

Mother's Name: _____ Profession: _____

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

Residence Location: _____

Residence No.: _____ Emirate: _____

Transport required: Yes / No

Extended Care required: Daily: Yes / No Saturday: Yes / 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.: _____

Joining Date: _____ Class & Section Assigned: _____

Bus Trip: _____ Driver: _____ Area: _____

Extended Care: Yes / No. If yes, timings: _____ On Saturday: Yes / No

Signature