



**ADMISSION FORM**

Affix Student's  
Recent  
Photograph  
3.5x4 cm

(For Office only)

Application No: \_\_\_\_\_

Admission No: \_\_\_\_\_

Academic Year: \_\_\_\_\_

Date: \_\_\_\_\_

Name of the Student: \_\_\_\_\_

Class to which Admission is sought: \_\_\_\_\_

(Please fill the form in CAPS Letters)

Student's Profile			
Date of Birth:	Place of Birth:	Age:	Sex:
Nationality:	Mother Tongue:	State:	Religion:
Passport No:	Date of expiry:		
Iqamah No:	Date of expiry:		
Details of Last School attended:			

Parents Profile		
Father's Name:	Nationality:	Profession:
Passport No:	Date of expiry:	
Iqamah No:	Date of expiry:	
Mother's Name:	Nationality:	Profession:
Passport No:	Date of expiry:	
Iqamah No:	Date of expiry:	

Address		
Post Box No:	City /Town:	
Mob No. F:	M:	Email ID:

Particulars of Brothers / Sisters studying in this school:			
S.N	Student's Name	Class & Section	Admission No
1			
2			

**Declaration:** I declare that the above mentioned information is true. I undertake to abide by all the Rules and Regulations of the School in force and the rules that are likely to be introduced or modified from time to time by the administration. I shall also pay the school fees and other fees of my child in time. I am aware that violation of any of these may lead to suspension or even termination of my child from the school and I shall not hold the school responsible for the consequences.

Date:        /        / 20

Signature of the Parent / Guardian \_\_\_\_\_

**FOR OFFICE USE ONLY**

Entrance exam Result :	Class:	T. Name & Sign:
Documents attached: <input type="checkbox"/> S.iqama <input type="checkbox"/> F.iqama <input type="checkbox"/> M.iqama <input type="checkbox"/> S.pp <input type="checkbox"/> F.pp <input type="checkbox"/> M.pp <input type="checkbox"/> C.DOB <input type="checkbox"/> TC <input type="checkbox"/> ITL <input type="checkbox"/> Pdf		