

Academic Year: 20 / 20

Student Photo

Name of Student: _____
 (First) (Father's) (Grandfather's) (Family)

STUDENT'S PERSONAL DETAILS

DATE OF BIRTH:	<u> </u> / <u> </u> / <u> </u> dd mm yyyy	GENDER:	<input type="checkbox"/> Male <input type="checkbox"/> Female
PLACE OF BIRTH:		NATIONALITY:	
RELIGION:	<input type="checkbox"/> Islam <input type="checkbox"/> Christianity <input type="checkbox"/> Other: _____	HOME ADDRESS:	
PREVIOUS CLASS: <small>(LAST ATTENDED ACCORDING TO LEAVING CERTIFICATE)</small>		PREVIOUS SCHOOL:	
NUMBER OF FAMILY MEMBERS:		ORDER OF STUDENT AMONG SIBLINGS:	
HAS YOUR CHILD EVER REPEATED A SCHOOL YEAR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes, kindly provide details: _____		
INTERNATIONAL RELIEF CARD	<input type="checkbox"/> Does not carry	<input type="checkbox"/> Refugee	<input type="checkbox"/> Displaced

PARENTS DETAILS

IN CHARGE OF FINANCIALS:	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Other <input type="checkbox"/>
MARITAL STATUS:	Married <input type="checkbox"/>	Divorced* <input type="checkbox"/>	Widowed* <input type="checkbox"/>
	*If so, custody is with: _____		

FATHER'S NAME:

NATIONALITY:	OCCUPATION:
EDUCATION LEVEL:	
PLACE OF EMPLOYMENT:	BUSINESS ADDRESS:
BUSINESS TELEPHONE NUMBER:	MOBILE NUMBER:
	SMS <input type="checkbox"/> WhatsApp <input type="checkbox"/>
EMAIL:	

MOTHER'S NAME:

NATIONALITY:	OCCUPATION:
EDUCATION LEVEL:	
PLACE OF EMPLOYMENT:	BUSINESS ADDRESS:
BUSINESS TELEPHONE NUMBER:	MOBILE NUMBER:
	SMS <input type="checkbox"/> WhatsApp <input type="checkbox"/>
EMAIL:	

IN CASE OF AN EMERGENCY AND IF THE SCHOOL IS UNABLE TO CONTACT THE PARENTS, PLEASE NOTIFY:

NAME:	RELATIONSHIP TO STUDENT:
HOME TELEPHONE:	MOBILE NUMBER:

SIBLINGS (BROTHERS & SISTERS OF APPLICANT)

NAME	GRADE LEVEL	CURRENT SCHOOL

LANGUAGE PROFILE	FLUENCY LEVEL			
	Mother Language	Fluent	Good	Exposed
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARABIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- **Fluent:** can read, write, listen and speak at native or near native level.
- **Good:** listening, speaking well in normal situations.
- **Exposed:** awareness of the language but can only communicate minimally.

ADDITIONAL INFORMATION

How did you hear about the International Independent School? If an IIS family referred you, please indicate the family name.

WEBSITE
 IIS FAMILY; PARENT NAME: _____
 NEWSPAPER
 SOCIAL MEDIA OUTLET
 OTHER (PLEASE SPECIFY) _____

ACKNOWLEDGEMENT & COMMITMENT

I HEREBY APPLY FOR THE ADMISSION OF THE AFOREMENTIONED STUDENT TO THE INTERNATIONAL INDEPENDENT SCHOOLS AND UPON ACCEPTANCE OF THE STUDENT, I HEREBY:

1. Assure all provided information is true and accurate. I understand that IIS reserves the right to check any information /details/enclosures as provided with the application and understand that misinformation, information withheld and/or information misrepresented will result in my application either being cancelled and/or my child withdrawn from the school.
2. I agree to pay all school fees and deposits promptly (as requested). I further understand that all school fees are subject to change according to IIS's discretion and that all school fees (testing fees, registration fees, bus fees, tuition fees, and other expenses) are non-refundable once my child is enrolled for the academic year.
3. The student will be committed to the internal provisions & regulations of the schools.

UPON THIS I SIGN

NAME: _____	SIGNATURE: _____
RELATIONSHIP: FATHER () MOTHER () GUARDIAN ()	DATE: ___/___/_____

For Administrative Use	Registration Department <input type="checkbox"/>	Financial Department <input type="checkbox"/>	Documents <input type="checkbox"/>
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