The International School
of Choueifat - Dream City

Application for Admission

For School Use Only

Parent N° _____ Student Registration N° _____ Date of Test: _____/_____/_____
(Day/Month/Year)

May register for Grade:_____ As of: _____/_____/_____
(Day/Month/Year)

With: ◯ Birth Certificate ◯ Previous School Report

2ⁿᵈ Language: ◯ Arabic ◯ Kurdish Fees%_____

Signature: _____ Date: _____/_____/_____
(Day/Month/Year)

Student's Name:

As per school spelling _____ _____ _____
(First)   (Father's or Middle)   (Family)

RECENT PHOTO

Please Print Clearly as Written on the Birth Certificate

Date of Application: _____/_____/_____   Application for Academic Year 20...../20.....
(Day/Month/Year)

Name (As Per Passport/ Birth Certificate):_____ _____ _____
                                             (First)   (Father's or Middle)   (Family)

Date of Birth: _____/_____/_____ Language Spoken at Home: _____ Other Languages: _____
(Day/Month/Year)

Gender: ◯ Male ◯ Female Religion: _____ Nationality (by passport) _____

Transportation **(Optional with Extra Fees):** ◯ Yes ◯ No

(If yes, please complete the transportation application and attach a map clarifying the route)

Previous School: _____ Previous Class: _____ Country: _____

Medical Problems: ◯ Yes ◯ No **(Please complete enclosed medical form.)**

Has your child ever applied or attended a SABIS® Network school? ◯ Yes ◯ No

Are your child's siblings attending a SABIS® Network school? ◯ Yes ◯ No

If yes, please write his/her name and grade. _____

2ⁿᵈ Language: ◯ Arabic ◯ Kurdish **(Applicable for foreigners only.)**

We shall assume that we have your permission to use your child's picture in school publications unless you inform us otherwise.

Education for a changing world.®

Member of the SABIS® Network

Information about Guardians

<u>All changes must be approved by the 1ˢᵗ Guardian / The 1ˢᵗ Guardian is the contact person by default.</u>

1. Name of 1ˢᵗ Guardian: _____ Relationship to Student: _____

   Occupation: _____ Company Name: _____

   Work Address: _____ Fax No.: _____

   Telephone: _____ _____ _____ E-Mail: _____
               (Office)   (Home)   (Mobile)

2. Name of 2ⁿᵈ Guardian: _____ Relationship to Student: _____

   Occupation: _____ Company Name: _____

   Work Address: _____ Fax No.: _____

   Telephone: _____ _____ _____ E-Mail: _____
               (Office)   (Home)   (Mobile)

<u>Kindly note that the father is the legal guardian unless official documents are presented and approved by the school lawyer.</u>

Legal Guardian's Home Address: _____

Floor _____ Flat _____ Area _____

How long have you been in this country? _____ How long do you intend to stay? _____

Emergency Contact (other than guardians):

1) Name: _____ Relationship: _____ Telephone: _____

2) Name: _____ Relationship: _____ Telephone: _____

I, the Guardian, confirm all the above details to be correct.

Name: _____ Signature: _____