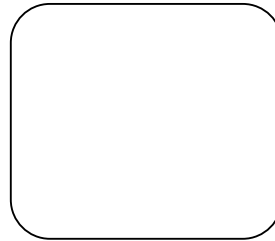


Student ID No. _____

To be assigned by school



Please attach recent photo

ADMISSION/APPLICATION FORM

Please complete this admission form in **CAPITAL LETTERS**, sign and submit with non-refundable Admission Fee.

Student's family name:

Students first name(s):

Date of birth:/...../.....
(day) (month) (year)

Sex: BOY / GIRL (Please encircle one)

Nationality:

Religion:

Father's name:

Father's occupation:

Mother's name:

Mother's occupation:

Residence Address:
(mention street name & district)

Residence Phone No.: Mobile:

Postal Address:

Father's work-place Phone No.:

Fax..... E-mail

One other emergency phone contact number:

Please list last two schools the student has attended:

School (Name & Location)	Dates Attended (From / To)	Grade/Class/ Form

Mother Tongue: Second Language

Date requested for entry :

Mode of Transportation:

Name/s of other siblings studying at Al Waha International School:

1. 2.

3. 4.

Please complete the attached Medical Information Form **IN FULL**.

Declaration:

I, the undersigned, the lawful parent/guardian of
hereby agree: (name of child)

- a. Al Waha International School, Jeddah (which includes any teachers, officials, helpers or employees of the school) shall be under no responsibility, of any kind, in respect of any accidental bodily injury, howsoever caused, to the above named child.
- b. I agree to indemnify and keep indemnified the said school in respect of any amounts the said school shall become liable to pay following any such injury to the said child.
- c. I confirm to the best of my knowledge that all the information supplied by me is true and accurate

Signature Date.....

For official use only:-

<p>Assessment Remarks:</p> <p>Accepted : (Grade) : Not Accepted.....</p> <p>Conditional Acceptance (undertaking by parent):.....</p> <p>Wait Listed: Teacher's Name :</p> <p>Approved by:</p> <p>.....</p> <p>Sectional Head</p>

MEDICAL INFORMATION FORM

TO PARENTS: Please note the importance of completing this form IN FULL. This information is needed to aid us in providing your children with the best care possible. This is kept confidential and will be used to safeguard the health and safety of your child.

NAME OF STUDENT: _____

DATE OF BIRTH _____

NAME OF PARENT: _____

NAME OF COMPANY _____

TELEPHONE NO.: OFFICE _____ RESIDENCE _____

MOBILE: _____

It is important that the school be made aware of any special circumstances regarding the health of your child. This will enable the school nurse to best meet the medical needs of your child.

Please list any condition that the school should be made aware of, e.g., diabetes, allergies, epilepsy, etc.

Please indicate the last date of inoculation for:

Polio/Tetanus/Diphtheria Date: _____

M.M.R. Date: _____

B.C.G. (TB) Date: _____

Meningitis Date: _____

Please draw a map showing the location of student's residence.

