



## REGISTRATION FORM

Academic Year 2019 - 2020

Please complete this form in block capital letters:

Child's First Name: \_\_\_\_\_ In Arabic letters: \_\_\_\_\_

Father's Name: \_\_\_\_\_ In Arabic letters: \_\_\_\_\_

Child's Surname: \_\_\_\_\_ In Arabic letters: \_\_\_\_\_

Sex: Male  Female  Date of Birth: / /

Age on September 2019 \_\_\_\_\_ Years \_\_\_\_\_ Months

Country of Origin: \_\_\_\_\_ Mother Tongue: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code \_\_\_\_\_

Tel: \_\_\_\_\_

Mob: \_\_\_\_\_ Mob: \_\_\_\_\_

Email: \_\_\_\_\_

I confirm that I read and understood the terms and conditions.

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_

For office use

Class level: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

One of \_\_\_\_\_