AL ISRA INTERNATIONAL SCHOOL, YANBU



Registration Form Session: 2009 - 2010

LICENCE NO. 21 CIE Attach Centre SA 165/ SX 165

Tel. No.: 04-3908412, 04-3908413

Fax. No.: 04-3908411

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Registration Serial No.		.:							_	Class		nitted	to:						
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E-mail:																			
This form Please con STUDEN	nplete	it usi	ng C A	PIT	AL LI	ETTE	ERS.			_				_	_	in Sa	udi A	rabia.	
Complete	name	as on	the pa	sspor	t:														
Nationality : Date of Birth :					-	Religion : Place of Birth :													
Sex:		Male	9]	Fema	ale]										
Passport No. : Issued O					On:					Issu	ed at:								
First Lang	uage	:								Seco	nd La	ngua	ge:						
S.No.	Name of the School last attended.					Г	Dates A	Attend	led		Most recent class / Grade								
S.No.	Syllabus Studied											Subj	ject S	tudied					
														F	Percen	tage c	btaine	ed:	

Please Remember to Attach:

- 1 Latest School Report
- 2 Passport Copy
- 3 Iqama Copy

- 4 Date of Birh Certificate Copy 5 Vaccination Copy
- 6 Four Photograph of the Child 7 Contract Copy

INFORMATION ABOUT THE PARENTS

Father's Full Name:		
Iqama No.:	Issued On:	Issued at:
Father's Profession::	Nationality:	Religion:
Passport No.:	Issued On:	Issued at:
Telephone No. Res:	Office:	_Fax:
Mobile No.:	Emergency Contact No.:	
Home Address:		
Postal Address:		
Company working with	1:	
Company Address:		
Mother's Full Name:		
Mother's Nationality:		Religion:
Mother's Occupation:		
Declaration:		
·		
	the lawful parent or gardian of:	
	International School, Yanbu (which expression shall include i	
	ime and/or any teachers or officials or helpers or employees of t	
	respect of any accident bodily occasioned to the above named	
following any such injury	keep idemnified the said school in respect of any amount the sa	and school becomes hable to pay
	y knowledge that all the information supplied by me is a true a	nd accurate record
	y no is a due u	
Signature:	Date:	

MEDICAL CERTIFICATE

Dear Parents,

Please note that this certificate MUST be attached in FULL, and submitted to the school with the registration form. Information must be provided on any condition that might inhibit the student's participation in full curriculum e.g. in P.E and games.

1) Name of Student:			
	(Family Name)	(First Name)	(Second Name)
2) Date of Birth:			
	(Day)	(Month)	(Year)
3) Telephone No.:		-	
	(Home)	(I	Emergency)
4) Doctor in Yanbu:	(D. (1 N.)	(A 11)	(DI N I)
	(Doctor's Name)	(Address)	(Phone Number)
daughter. To this end p	lease complete the following . The school cannot accept re	by circling "Yes" or "No	garding the health of your son/ ". If your answer to any question equence from this certificate of
DOES YOUR SON / I 5) Diabetes? If yes please specify	DAUGHTER SUFFER FRO	M:	
			Yes / No
6) Asthma?			
If yes please specify			
			Yes / No
7) Any Allergies?			
If yes please specify			
			Yes / No
8) Epilepsy or non-epil	eptic convulsion?		
If yes please specify			
			Yes / No
9) Any eyesight difficu	lties?		
If yes please specify			
			Yes / No
10) Any hearing difficu	ılties?		
If yes please specify			
			Yes / No
			LES / INU

MEDICAL CERTIFICATE 11) Any serious illness? If yes please specify Yes / No 12) Has your child ever undergone major surgery? If yes please specify Yes / No 13) Does your child take regular medication? If yes please specify Yes / No 14) Has your son / daughter ever had any of the following contagious / infection disease? German measles (Rubella): Yes / No Mumps: Yes / No Meningitis: Yes / No Chicken pox: Yes / No Hepatitis: Yes / No Yes / No Glandular fever: 15) Please indicate the last date of inoculation for: Polio / Tetanus / Diphtheria Date: / German measles (Rubella): Date: Meningitis: Date: 16) In addition to the above, are there any other details you feel we should be aware regarding your son / daughter's health? Parent's signature: Date: Thankyou for completeing this certificate.

To Parents: Please note that this certificate MUST be completed in FULL, and submitted to the school with

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registration form.