

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: _____

Company Address: _____

Mother's Full Name: _____

Mother's Nationality: _____ Religion: _____

Mother's Occupation: _____

Declaration:

I, the undersigned, being the lawful parent or gardian of: _____

hereby agree, that Al Isra International School, Yanbu (which expression shall include its Board of Governors as elected or nominated from time to time and/or any teachers or officials or helpers or employees of the school) shall be under no financial responsibility in respect of any accident bodily occasioned to the above named child however caused.

I agree to indemnify and keep idemnified the said school in respect of any amount the said school becomes liable to pay following any such injury to the said child.

I confirm to the best of my knowledge that all the information supplied by me is a true and accurate record.

Signature: _____

Date: _____

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

Glandular fever: _____ Yes / No

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 registration form.