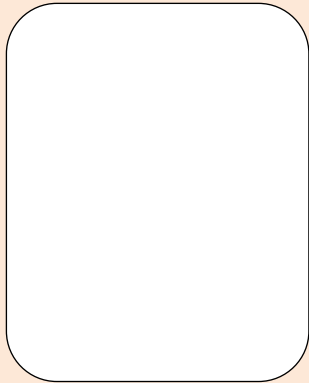


SUMMARY OF THE APPLICANT

Name	<hr/>	
Surname	<hr/>	
Applied for Grade	<hr/>	
Date of Admission	<hr/>	
Admission Number	<hr/>	
Account Number	<hr/>	

SERVICE CHOICES

<input type="checkbox"/> Boarding	<input type="checkbox"/> Day-school	<input type="checkbox"/> Lunch
--	--	---------------------------------------

CHECKLIST OF REQUIRED DOCUMENTS

<input type="checkbox"/> Completed Application Form	<input type="checkbox"/> Payslip Of Payee
<input type="checkbox"/> Birth Certificate Of The Applicant	<input type="checkbox"/> Proof Of Residence Of Payee
<input type="checkbox"/> Two Recent Photographs Of The Applicant	<input type="checkbox"/> Proof Of Employment Of Payee <i>(If Self-employed, letter on company letterhead)</i>
<input type="checkbox"/> Clinic Card Of The Applicant	<input type="checkbox"/> Transfer Card <i>(if applicable)</i>
<input type="checkbox"/> Most Recent School Reports	<input type="checkbox"/> Bank Statement <i>(last three months)</i>
<input type="checkbox"/> Copy Of Parent / Guardian's ID Or Passport	<input type="checkbox"/> Registration Fee <i>(To Be Paid In Cash At The Bursar's Office upon Acceptance of Applicant)</i>

FOR OFFICIAL USE ONLY

Admission granted on _____ day of _____ 20____ by _____		
<hr/>	<hr/>	<hr/>
PRINT NAME	SIGN	APPROVED BY PRINCIPAL
Special Conditions of Approval:		
5% SIBLING DISCOUNT	ACADEMIC SCHOLARSHIP	FINANCIAL SCHOLARSHIP
.....		
.....		

1. PARTICULARS OF APPLICANT

Name _____	Surname _____
ID / Passport Number _____	Gender _____
Place of Birth _____	Date of Birth _____
Nationality _____	Home Language _____
Present School _____	
Residential Address _____ _____	
Postal Address _____ _____	

2. FAMILY

With whom is the Applicant living with	_____
Number of children in the family	_____
Number of siblings at Nizamiye School	_____
Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____

3. PARTICULARS OF PARENTS / GUARDIAN

If Guardian, please state so _____ and fill in details below

	Father	Mother
Name	_____	_____
Surname	_____	_____
ID/ Passport	_____	_____
Marital Status	_____	_____
Occupation	_____	_____
Company	_____	_____
Email	_____	_____

6. MISCELLANEOUS

Has the student passed all Grades? Please specify

Has the student been professionally assessed to show weakness in any subject? Please specify

Does the student have any special needs and/or behavioural problems? Please specify

7. PARTICULARS OF ACCOUNT PAYEE

If a Parent, please state so _____. If different, please fill in below

Name	_____	Surname	_____
ID / Passport Number	_____	Gender	_____
Place of Birth	_____	Date of Birth	_____
Nationality	_____	Home Language	_____
Present School	_____		
Residential Address	_____ _____		
Postal Address	_____ _____		

8. SCHOOL FEES PAYMENT DECLARATION

I hereby agree to that I undertake to pay the account as follows:

- In full before the 7th of February 2019
- 10 Equal monthly payments (first payment payable by the 31st of January)
- Termly deposit for four terms (payable at the beginning of each term)

9. ACKNOWLEDGEMENTS

I confirm here that I was provided the following documents / booklets / agreement(s) and I read, understood and accepted

- a)** The General School Policy Booklet which can be accessed on the school website
- b)** Financial Agreement
- c)** Academic Agreement
- d)** Dormitory Agreement (only for boarding learners)
- e)** Scholarship / Discount Form (applicable only if you are offered discount and/or scholarship)
- f)** Indemnity Forms
- g)** General Consent Form

*I confirm that the information I give is to the best of my knowledge correct. I am aware that any false statement(s) will lead to **the rejection of this registration or to the annulment of admission already granted.***

Signed by the Student: _____

Signed by the Parent: _____

Date: _____