

SUMMARY OF THE STUDENT

Surname		
Name		
Grade Applied for		
Date of Admission		

SERVICE CHOICES

<input type="checkbox"/> Aftercare	<input type="checkbox"/> Madrassah
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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 _____		
_____ PRINT NAME	_____ SIGN	_____ APPROVED BY PRINCIPAL
Special Conditions of Approval: <input type="checkbox"/> 5% SIBLING DISCOUNT <input type="checkbox"/> ACADEMIC SCHOLARSHIP <input type="checkbox"/> FINANCIAL SCHOLARSHIP		
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1. PARTICULARS OF STUDENT

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

2. FAMILY

With whom does the student reside	_____
Number of children in the family	_____
Number of siblings at Nizamiye School	_____
Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____

3. PARTICULARS OF PARENTS

	Father	Mother
Name	_____	_____
Surname	_____	_____
ID/ Passport	_____	_____
Occupation	_____	_____
Company	_____	_____
Contact Number	_____	_____
Email	_____	_____

4. PARTICULARS OF GUARDIAN

Full Name _____	Relationship to Student _____
ID/ Passport _____	Occupation _____
Company _____	Email _____
Cell _____	Work _____
	Home _____
Residential Address _____	

5. EMERGENCY CONTACT DETAILS

Person to be contacted in case of emergency: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian		
Name	_____	
Contact Number	(1) _____	or _____
	(2) _____	or _____

6. MEDICAL DETAILS

Does the student suffer from any existing medical condition?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____
Does the student suffer any allergies either general or to specific foods and / or medication?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____
Does the student regularly take any medication?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____
Does the student have an eye defect?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____
Give details of any medical reasons why the student may not be able to participate in school activities such as swimming, sports, field trips, etc. or which might affect his / her performance at school:	

Medical Aid	Number _____
Family Physician	Number _____
Preferred Hospitals	(1) _____
	(2) _____
<i>Please note that in case of an emergency and / or failure to contact the Parent / Guardian, Nizamiye School will take the Applicant to the nearest hospital.</i>	

7. 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

8. PARTICULARS OF ACCOUNT PAYEE

Full Name _____

ID/ Passport _____ Relationship to Student _____

Occupation _____

Company _____

Cell _____ Work _____ Home _____

Email _____

Residential Address _____

Postal Address _____

9. SCHOOL FEES PAYMENT DECLARATION

I hereby agree to settle my 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 hereby confirm that I have been provided with the following documents / booklets / agreement(s) which I have 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 (*applicable to boarders only*)
- e)** Scholarship / Discount Form (*applicable only if you are offered a discount and / or scholarship*)
- f)** Indemnity Forms
- g)** General Consent Form

*I confirm that the information given 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 Parent : _____

Print name : _____

Date : _____