



*Academic Year* 20\_\_ / 20\_\_

First Name: \_\_\_\_\_

Father's Name / Middle Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Gender:  Male  Female Passport Spelling Date / Place of Birth: \_\_\_\_\_  
(Day/Month/Year) (City/Country)

Nationality: \_\_\_\_\_ 2<sup>nd</sup> Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Sibling(s) attending SABIS<sup>®</sup> Network School  Yes  No School Name(s) \_\_\_\_\_

• Transfer  Yes  No SABIS<sup>®</sup> Network School \_\_\_\_\_

• New Admission  Yes  No

Has your child previously applied to a school within the SABIS<sup>®</sup> Network?  Yes  No

If yes, which school \_\_\_\_\_ Academic Year \_\_\_\_\_

Has your child previously attended a school within the SABIS<sup>®</sup> Network?

If yes, which school \_\_\_\_\_ Academic Year \_\_\_\_\_

***For School Use Only***

Date of Application \_\_\_\_\_ (Day/Month/Year) Application N<sup>o</sup> \_\_\_\_\_

Student Computer N<sup>o</sup> \_\_\_\_\_ Parent Number \_\_\_\_\_

School Lunch  Yes  No Transportation  Yes  No Bus N<sup>o</sup> \_\_\_\_\_  
(If yes, kindly attach a map)

Receipt Number - Application Fees \_\_\_\_\_ Transportation and Lunch are optional with extra fees Date \_\_\_\_\_  
(Day/Month/Year)

Receipt Number - School Fees \_\_\_\_\_ Date \_\_\_\_\_  
(Day/Month/Year)

Register for Level \_\_\_\_\_ 2<sup>nd</sup> Language \_\_\_\_\_

With Summer School  Yes  No Full Special  Yes  No Specials \_\_\_\_\_

Comments \_\_\_\_\_

Director's Signature \_\_\_\_\_

Date \_\_\_\_\_

Previous School \_\_\_\_\_ Country \_\_\_\_\_

Previous grade level (last attended) according to leaving certificate \_\_\_\_\_

ID Card # \_\_\_\_\_

Languages(s) spoken at home  English  Arabic  Other \_\_\_\_\_

Has your child ever skipped or been asked to repeat a school year?  Yes  No

If yes, kindly provide details \_\_\_\_\_

Has your child been involved in any advanced, gifted / talented program, faced some sort of learning difficulty (speech/language therapy), or been tested for psychological purposes?

Yes  No If yes, kindly specify \_\_\_\_\_

## *Family Data*

**1<sup>st</sup> Guardian** (to whom the school reports and other correspondence should be addressed)

Full Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ First / Middle / Family Nationality \_\_\_\_\_

Occupation / Job Title \_\_\_\_\_

Company Name \_\_\_\_\_

Business Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Ext: \_\_\_\_\_

Home Address (Area, Street, Blg, Floor) \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

**2<sup>nd</sup> Guardian** (if other than Mother)

Full Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ First / Middle / Family Nationality \_\_\_\_\_

Occupation / Job Title \_\_\_\_\_

Company Name \_\_\_\_\_

Business Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Ext: \_\_\_\_\_

Home Address (Area, Street, Blg, Floor) \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

To receive important school-related SMS messages on your mobile, please choose one

1st Guardian  2nd Guardian Mobile Number \_\_\_\_\_

Status of Parents  Married  Seperated  Other

Who has custody of the child (legal documents may be required)  Mother  Father

**Siblings (if any)**

Name	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Siblings graduated/attended a SABIS® Network School  Yes  No

If yes: School \_\_\_\_\_ Year \_\_\_\_\_

Does your child suffer from any medical conditions?  Yes  No

Is your child on regular medication?  Yes  No

If yes, please explain \_\_\_\_\_

Kindly fill in the attached Medical Form

***Father or Mother a graduate from a SABIS® Network School***

Is the applicant's father a graduate from a SABIS® Network School?  Yes  No

If yes, what year? \_\_\_\_\_ Which School? \_\_\_\_\_

Is the applicant's mother a graduate from a SABIS® Network School?  Yes  No

If yes, what year? \_\_\_\_\_ Which School? \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

How would you like to receive your copy of the SABIS® Newsletter

Via Mail  Via E-mail Address \_\_\_\_\_

In case of emergency, who would you like the school to contact?

Name 1 \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Name 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

I, the Guardian, confirm all the above details to be correct

Name \_\_\_\_\_ Signature \_\_\_\_\_

*For School Use Only*

Math	<input type="radio"/> On Level	<input type="radio"/> Specials	Remarks _____
English	<input type="radio"/> On Level	<input type="radio"/> Specials	Remarks _____
Arabic/French	<input type="radio"/> On Level	<input type="radio"/> Specials	Remarks _____
Placement Test Date	_____	_____	_____
Re-test Date	_____	_____	_____
Remarks	_____		
Info Completed by	_____	Date	_____

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**APPLICANT'S REQUIRED DOCUMENTS**

- Completed medical form including vaccination certificates.
- Original school reports from previous 2 years translated into English.
- Student's birth certificate.
- Copy of valid student passport and valid student residence visa (If the Residence Visa is still being processed, then the passport must show the immigration entry stamp.)
- Four recent passport-sized photographs

Once all the above documents have been handed in, they will become the property of the school.

**Additional Remarks**

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