

استمارة تسجيل

Application Form 2017-2018

First Name	Middle Name	Surname
Place of Birth		Date of Birth
Email Address:		
Home Telephone Number	Mother Mobile	Father Mobile
(Emergency) Name	Telephone number	Relationship to child
Does your child have any medical condition or allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state;	
Do you consent for	Your child's photo on the school's website? Yes <input type="checkbox"/> No <input type="checkbox"/>	Your child to attend the school trip? Yes <input type="checkbox"/> No <input type="checkbox"/>
Islamic studies	Y <input type="checkbox"/>	No <input type="checkbox"/>

To be completed by the school:

الصف :	تاريخ التسجيل:
اسم المعلمة:	كامل: <input type="checkbox"/> المبلغ:
Cheques are payable to: " THE ARAB FORUM"	قسط: <input type="checkbox"/> المبلغ:
	نقدا: صك: