



British International School

Please complete this form clearly in **BLOCK CAPITALS**.

Pupil's Details:

Name of student: _____

As registered on birth certificate.

Date of birth
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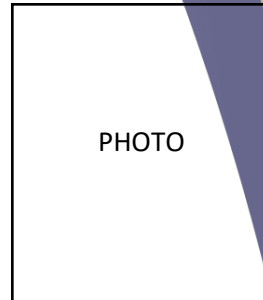
Place of birth: _____ Nationality: _____

Class applying for: _____

Previous Class attended: _____

Previous School attended, if applicable: _____

Family Language: _____



Parent / Guardian Details:

Father's Name: _____

Contact Number: _____

Email: _____

Nationality: _____

Passport / ID Number: _____

Occupation: _____

Residential Address: _____

Mother's Name: _____

Contact Number: _____

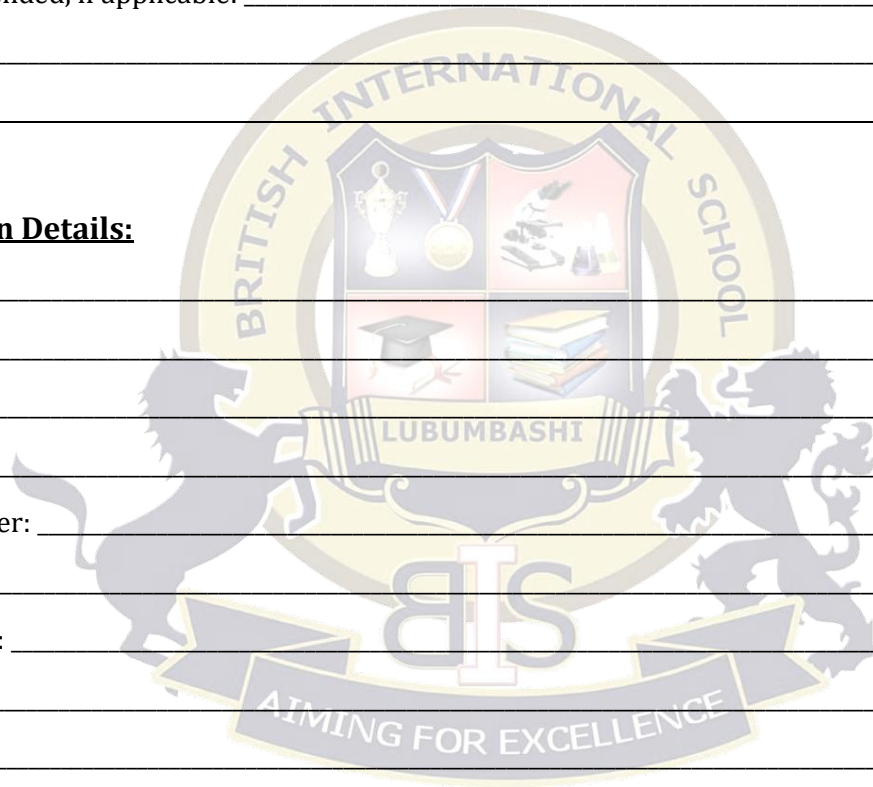
Email: _____

Nationality: _____

Passport / ID Number: _____

Occupation: _____

Residential Address: _____



Pupil's Sibling Information, if applicable:

Number of Siblings: _____

Siblings attend same school: YES / NO

Name	Age	Class

Medical Information:

Does your child suffer from any of the following? Asthma (YES / NO) Allergies (YES/NO)

If the answer to the allergies is yes, please give clear details i.e. peanuts, plasters, milk etc and provide us with a doctor's letter detailing the medical condition.

Is the school nurse authorised to administer appropriate medications (e.g. paracetamol) in case of fever, mild injury etc. (YES / NO)

Contact in case of Emergency:

Name: _____

Relationship: _____

Contact No: _____

Documents:

Along with the application forms, kindly submit the following documents:

- a. A copy of the child's Birth Certificate
- b. Copy of the parents' passport
- c. Progress report for the past 2 years

I, _____ hereby confirm that the above details are correctly written and agree to all terms and conditions of the management.

Signature:

For official use only:

Admission No. _____ Status: _____

Authorized by: _____ Date: _____