

Green Valley School

IGCSE Division



المستندات المطلوبة:

- طلب التحاق .
 - شهادة ميلاد أصلية (رقم قومي).
 - صورة البسبور (الصفحات الموضح بها إسم الطالب كاملاً)
 - عدد (6) صورة شخصية .
 - استكمال نموذج البيانات الصحية المرفق .
 - اصل الشهادات الدراسية للسنة السابقة أو بيان درجات معتمد.
- * يتم دفع مصروفات أستمارة التقديم بالمدرسة

The following documents are needed:

- Application form.
- Original birth certificate.
- Photocopy of passport (Pages of the full students name)
- 6 Personal passport size photographs.
- Medical Form (attached).
- Original school records for the last year.

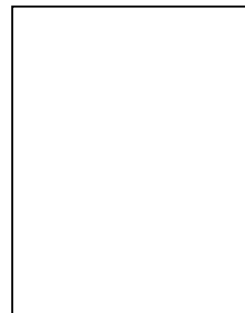
* Application fees will be paid on submission

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APPLICATION FORM



Applying for academic year:

Grade level: 10/ 11/ 12:

1. Name of Student:

.....
First Father Family

2. Sex: Male/ Female

3. Date of Birth:

.....
Day Month Year

4. Nationality:

5. Religion:

6. Name of Father:

.....
First Father Family

7. Occupation & Place of Work:

8. Home Address:

.....
.....

9. Home Telephone:

10. Business Telephone:

11. Mobile Telephone:

12. Fax Number:

13. E-Mail:

14. Name of Mother:

.....
First Father Family

15. Occupation & Place of Work:

16. Home Address:

.....
.....

17. Home Telephone:

18. Business Telephone:

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19. Mobile Telephone:

20. Fax Number:

21. E-Mail:

22. Name of Guardian:
.....

First

Father

Family

23. Occupation & Place of Work:

24. Home Address:
.....
.....

25. Home Telephone:

26. Business Telephone:

27. Mobile Telephone:

28. Fax Number:

29. E-Mail:

30. Parental Marital Status: Married/ Separated/ Divorced

31. If divorced, custody is with:
.....

32. Language most commonly spoken at home:

33. Student's position in the family:

34. Previous School attended:

Language of instruction:

35. Other children in the family currently enrolled in GVS:

Name:

Relationship to applicant:

Stage:

36. Will the student require bus: Yes/ No

37. In case of emergency and if the school is unable to contact the parents, please

Name:

Relationship to student:

Address:

Home Telephone:

Business Telephone:

Mobile Number:

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MEDICAL FORM

NAME
(FIRST) (FATHER) (FAMILY)

DATE OF BIRTH
DAY / MONTH / YEAR

ADDRESS
.....

TELEPHONE.....

PERSON TO CONTACT IN CASE OF EMERGENCY (IF PARENTS ARE UNAVAILABLE)

.....

ADDRESS.....
.....

TELEPHONE.....

ANY CURRENT / RECENT ILLNESS.....

RECENT IMMUNIZATIONS AND DATES
.....
.....

CURRENT MEDICATION

ANY ALLERGIES

FAMILY HISTORY.....
.....

I HEREBY GIVE PERMISSION TO THE SCHOOL DOCTOR TO ADMINISTER MEDICAMENTS TO MY CHILD WHEN AND IF NECESSARY TO ACT AND ADMINISTER FIRST AID, AND TO ACT IN CASUALTIES AND EMERGENCIES INCLUDING ADMITTANCE TO HOSPITAL IN CASE OF EMERGENCY.

PARENTS SIGNATURE DATE.....

CLASS OF ATTENDANCE.....

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** I hereby apply for the admission of the fore mentioned student to Green Valley School (IGCSE). All the information I have provided is true and accurate.*

** I agree:*

- That my child and I will abide by and support all the rules, code of conduct and regulations of the school.*
- To pay all the school fees promptly as requested.*
- To ensure that my child wears the official school uniform.*
- To accept all decisions of the school directors.*

Signature of parent/ guardian:

.....

Date: / /

For School Use Only

Applications Number:

Applying for academic year:

Grade level: 10/ 11/ 12

Date application form was brought in:

Admission Exams and Interview

Personal Interview by:

Exam (Applying for Grade 10):

English: Mathematics:

Recommendation:

Checked by:

Comment:

IGCSE Coordinator

Accepted: Date:

Not accepted: Date:

Waiting list: Date:

Cancelled: Date:

Confirmed by:

Head of IGCSE Division

Green Valley School

IGCSE Division



APPLICATION FOR TRANSPORT

STUDENT NAME CLASS.....

BROTHER (S) / SISTER (S) IN THE SCHOOL 1-.....
2-.....

ADDRESS.....
.....
.....
.....
.....

العنوان:

WILL THIS PUPIL REQUIRE BUS TRANSPORTATION?
YES NO ONE WAY ROUNDTRIP
(PLEASE INDICATE)

HOME TELEPHONE.....

BUSINESS TELEPHONE.....

PLEASE DRAW AN EXACT MAP BELOW SHOWING YOUR HOME ADDRESS OR WHERE YOU WISH YOUR CHILD / CHILDREN TO BE COLLECTED AND RETURNED EVERY SCHOOL DAY.

FOR OFFICE USE ONLY

AREA BUS NUMBER.....

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This Page for Applicant

Academic Year: /

Applications Number:

Students Name:

Grade Level: 10 / 11 / 12

Date application form was brought in: / /

Admission Exams and Interview

Date of Personal Interview: / /

Date of Entrance Exam (Applying for Grade 10): / /

Signature:

Schools Stamp