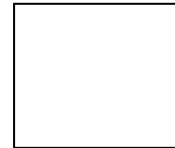




Green Valley School

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ATTACH (2)
PHOTOGRAPHS

STUDENT COMPUTER NO.

NAME OF STUDENT.....
(FIRST) (FATHER'S) (FAMILY)

SEX..... **DATE OF BIRTH**
(DAY) (MONTH) (YEAR)

RELIGION **NATIONALITY**.....

FAMILY INFORMATION

FATHER / GUARDIAN'S NAME **RELATION**

HOME ADDRESS

HOME TELEPHONE..... / **CELL PHONE**

FATHER'S OCCUPATION.....

PLACE OF WORK.....

TELEPHONE.....

MOTHER'S NAME.....

HOME ADDRESS (IF DIFFERENT FROM ABOVE)

HOME TELEPHONE (IF DIFFERENT FROM ABOVE).....

MOTHER'S OCCUPATION

TELEPHONE..... / **CELL PHONE**

Moussa Ibn Nossair St. Off Sadat Drive
Obour City, 11282
Tel.: (202)44780801/2/3
E-mail: gvs@link.net
URL: <http://www.gvs.edu.eg>



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LANGUAGE MOST COMMONLY SPOKEN AT HOME

STUDENT'S POSITION IN THE FAMILY

(E.G. 1/2 , 2/4 , 1/1,)

BROTHER (S) OR SISTER (S) IN THE SCHOOL.....

PREVIOUS NURSERY / SCHOOL

CLASS LEVEL.....

SCHOOL'S ADDRESS.....

TELEPHONE

DATE OF ATTENDANCE : FROM TO.....

LANGUAGE OF INSTRUCTION.....

IN CASE OF EMERGENCY NOTIFY

TELEPHONE

ADDRESS

I HEREBY APPLY FOR THE ADMISSION OF THE ABOVE-MENTIONED STUDENT TO THE GREEN VALLEY SCHOOL. ALL THE INFORMATION I HAVE PROVIDED IS TRUE AND ACCURATE AND I AGREE THAT MY CHILD AND I WILL ABIDE BY THE RULES AND REGULATIONS OF THE SCHOOL.

.....
SIGNATURE OF PARENT / GUARDIAN

.....
DATE

FOR OFFICE USE ONLY

NAME

DATE OF ADMISSION RECEIPT NO.....

CLASS.....

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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..... / **CELL PHONE**

ANY CURRENT / RECENT ILLNESS.....

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

CURRENT MEDICATION

ANY ALLERGIES

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

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

PARENT'S SIGNATURE **DATE**

CLASS OF ATTENDANCE.....

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APPLICATION FOR TRANSPORT

STUDENT NAME CLASS.....

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

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

WILL THIS PUPIL REQUIRE BUS TRANSPORTATION?

YES NO ONE WAY ROUNDRIP (PLEASE INDICATE)

HOME TELEPHONE..... CELL PHONE

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.....

Moussa Ibn Nossair St. Off Sadat Drive
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