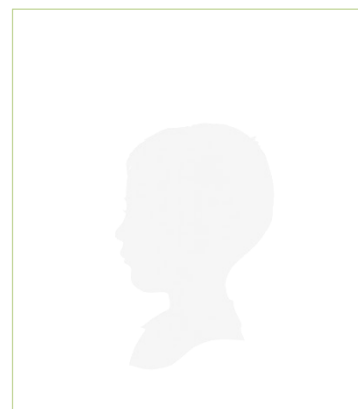


REGISTRATION FORM



OFFICE USE

Date Received:		
Registration Fee Paid		
Deposit Paid:		
Medical Fee Paid		
Term Fee Paid:		

Terms and Condition:

- Registration Fees - [Non Refundable](#)
- Medical Fees - [Non Refundable](#)
- Terms Fees - [Non Refundable](#)

CHILD INFORMATION

Child First Name:	Middle:	Last:	Nationality (required by Ministry)	
Languages Spoken at Home		Religion (required by Ministry)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date: DD / MM / YY
Home address:				
Home Phone ()	P.O. Box:		Emirate:	

PARENT INFORMATION

Mother First Name:	Middle:	Last:	Mother Nationality (required by Ministry)	
Mother Mobile Phone: ()	Mother Work Phone: ()		Mother Other Phone: ()	
Mother Email:			Would you like to receive newsletters to this email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Father First Name:	Middle:	Last:	Father Nationality (required by Ministry)	
Father Mobile Phone: ()	Father Work Phone: ()		Father Other Phone: ()	
Father Email:			Would you like to receive newsletters to this email? <input type="checkbox"/> Yes <input type="checkbox"/> No	

