

Sibling of an existing student? If yes, please give the full name of the existing student

REGISTRATION FORM

Entered

Checked

Registration No.

1 Personal Details

1.1 Name in Full

(As per the Passport since this will appear on all the certificates, if any & formal communications)

* Title First Name Middle Name Last Name

1.2 Gender

* Male Female

1.3 Date of Birth

*

1.4 Name of the Parents/Guardians

* **Father** **Mr.** Title First Name Middle Name Last Name

* **Mother** **Mrs.** Title First Name Middle Name Last Name

Guardian Title First Name Middle Name Last Name

1.5 Nationality/Religion

* **Nationality** * **Religion**

1.6 Academic School being attended

*

1.7 How did you come to know about us?

*

2 Contact Details

2.1 Location Address

2.1.1 Building Name/Villa Number *

2.1.2 Block Number, if any * 2.1.3 Street Name

2.1.4 Landmark *

2.1.5 Area * 2.1.6 Province, Country

2.2 Postal Address

2.2.1 P O Box * 2.2.2 Province, Country

2.3 Telephone - Landline

* Landline - Primary Landline - Alternate 1 Landline - Alternate 2

2.4 Telephone - Mobile

* Mobile Phone - Primary Mobile Phone - Alternate 1 Mobile Phone - Alternate 2

2.5 Fax

* Fax - Primary Fax - Alternate 1

2.6 E mail

* Email - Primary Email - Alternate 1

3 Activity Details

Activity Name	Grades		Cert. Exam YES/NO	Effective Date		Schedule		
	Current	Admtd to		From	To	Frequency	Weekday	Timing
1								
2								
3								
4								

4 Transport Details

4.1 Transport Required? * Yes No If Yes Pick up required? Drop off required?

Available only in Dubai for certain locations only

If the address for transportation is different from the location address mentioned under 2.1 in the previous page, please provide the details below under 4.2

4.2 Pick up Required? * Yes No If Yes, effective date

4.2.1 Pick up Location

(If different from 2.1 Location Address above)

4.2.1.1 Building Name/Villa Number *

4.2.1.2 Block Number, if any *

4.2.1.3 Street Name

4.2.1.4 Landmark *

4.2.1.5 Area *

4.3 Drop off Required? * Yes No If Yes, effective date

(If your answer is Yes, please answer section 4.3.1 otherwise ignore the rest of this section 4)

4.3.1 Drop off Location

(If different from 2.1 Location Address above)

4.3.1.1 Building Name/Villa Number *

4.3.1.2 Block Number, if any *

4.2.1.3 Street Name

4.3.1.4 Landmark *

4.3.1.5 Area *

5 Acknowledgement

We confirm receipt of the Welcome Letter and agree to the 'Terms and Conditions of Admission' explained thereupon.

Please inform the Institute about any changes to the above details

Name of the Parent/Adult Student

Signature

Date