



Registration Form

Student's Name _____ Gender

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Student's Nationality _____

Student's Passport No. _____

Date of Birth ____/____/____ Religion _____

Previous School Attended _____

Admission requested for class _____

Father's Name _____

Father's Nationality _____

Father's Family card No. / Iqama No. _____

Date of Issue ____/____/____ Expire Date ____/____/____

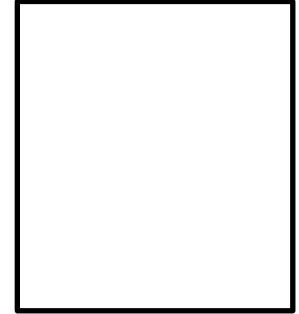
Mother's Name _____

Address _____

Tel. (office) _____ Residence _____

Mobile _____

E-mail _____





Emergency Contact

Name _____

Tel. (office) _____ Residence _____

Mobile _____

E-mail _____

Special Instructions _____

Date: ____/____/____

Signature: _____