

استمارة تسجيل

Application Form 2022 - 2023

First Name	Middle Name	Surname
Place of Birth:	Gender:	Date of Birth:
Home Address:	Post code:	
Email Address:		
Home Number:	Mother Mobile:	Father Mobile:
(Emergency Contact) Name:	Mobile Number	Relationship to Child
Does your child have any medical condition or allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please state:	
Do you consent for	Your child's photo on the School's website?	Your child to attend school trip?
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Islamic Studies	Yes <input type="checkbox"/>	No <input type="checkbox"/>

To be completed by the School:

فصلا:	خيرات ليجستلا:
مسا قملعلا:	ل ماك: <input type="checkbox"/> طسق: <input type="checkbox"/>
Bank transfer to: HSBC Bank Arab Educational and cultural forum Sort Code: 40-05-22 Bank Account: 41408445	المدقذ: ل يوحذك نبلا: خلبملا: خلبملا: