



Application Form

مدرسة الامارات الدولية

EMIRATES INTERNATIONAL SCHOOL

Passport
Size
Photograph

Please select:

Branch: Jumeirah Meadows
Academic Year: 2011/2012 2012/2013

NAME AS IN PASSPORT: _____

GRADE REQUESTED: _____ DATE OF BIRTH (dd/mm/yyyy): _____

This registration form will only be accepted with the following enclosures:

- 1 photocopy of the recent and the last school report cards, including teacher's comments (translated into English if necessary).
- 2 photocopies of key pages of passport.
- 2 photocopies of Valid Residence Visa (to be submitted in September for the overseas students).
- 2 photocopies of Birth Certificate translated into English or Arabic if necessary.
- 3 colour passport size photographs.
- 2 photocopies of Vaccination Records.
- Transfer Certificate from the current school from Grade2 and up (to be submitted in September).
- If you are Emaar Resident, a copy of tenancy agreement or ownership of the house is required. (The Meadows, Springs, Lakes, Greens and Emirates Hills) Only for EISM applicants.

PLEASE NOTE THAT ACCEPTANCE DOES NOT FOLLOW AUTOMATICALLY.

- **Emirates International School will confirm enrollment at a later date after:**
 1. Assessment tests have been completed.
 2. Completion of all the above mentioned documentation.

FOR INTERNAL USE ONLY

GRN:

Assessment Date: _____

English result: _____

Math Result: _____

Remarks: _____

APPLICATION # _____

Received Date: _____

Principal's Signature: _____

Date: _____

Principal's Remarks: _____

STUDENT DETAILS

1. First Name _____ Middle Name _____
2. Family Name _____
3. Full Name in Passport _____
4. Nationality Passport (1) _____ Nationality (2) _____
5. Passport # _____ Place of Issue _____ Date of Expiry _____
6. Residence Visa # _____ Issue Date _____ Date of Expiry _____
7. Religion _____
8. Date of Birth (dd/mm/yy) _____ Male Female
9. Country of Birth _____

EMERGENCY CONTACT Nos. 1. _____ 2. _____

Note: It is the responsibility of the parents to keep the contact numbers updated.

DECLARATION OF MEDICAL HISTORY

Health Problems – Please specify - _____
Physical Education / Sports Restriction _____
Any Special Medication – Please specify _____
Blood Group _____

PREVIOUS SCHOOL DETAILS

Please Specify the Current School System: 12 Grade/Year 13 Grade/Year

Name of School	City	Country	Grade	From	To

1st Language _____ 2nd Language _____

PARENTS DETAILS

Father

Mother

1. Name _____
2. Nationality _____
3. P.O. Box _____
4. City _____
5. Home Phone _____
6. Home Fax _____
7. Office Phone _____
8. Fax No. _____
9. Mobile _____
10. E-mail _____
11. Occupation _____
12. Company _____
13. Sponsor _____

DETAILS OF BROTHERS & SISTERS

Full Name	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

I confirm that all the above details are correct and that I have read and also agree to the School Fee Policy, and all Other School Policies

Date: _____ Signature of the Parent: _____



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