|  |  |  |
| --- | --- | --- |
| **First Name:** | **Date of Birth** **(DD/MM/YY):** | **Gender:** |
| **Second Name:** | **Nationality:** | **For Grade\_\_\_\_\_\_\_\_** |
| **Family Name:** |  |

 **Registration Form**

|  |  |  |
| --- | --- | --- |
| **Father’s Name:** |  | **Mother’s Name:** |
| **Father’s Mobile :**  |  | **Mother’s Mobile :** |
| **Company Name :** |  | **Home Tel Number:** |
|  |  |
| **Are there any special health problems of which the school should be made aware of?** |
| **Name, address, telephone number of your child’s doctor:** |

**1. The school can not take responsibility for any accident that may occur:-**

**a) On the school premises, b) During/after school activities, c) On school trips, although every possible effort is made to ensure the safety of all children.**

**2. Registration will be valid after the payment of fees. Fees must be paid before the term starts, no discounts are given for starting the term late or leaving early.**

**3. School can cancel the registration of a child if he/she is not capable of meeting the school requirements.**

**4. I / we agree to be bound by the above conditions if a place is offered and accepted.**

**Parent’s Signature: Date:**

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