

Student Enrolment Form

Ref No. Application Date

Parent/Guardian Name Occupation

Language Spoken at home Cultural Background

Address

Post Code

Email Address

Tel No. Emergency Tel

Other Emergency Contact Tel: Name & Relation

GP Name GP Tel. No.

GP Address

GP PostCode

Class

إسم الطالب الثلاثي

Student Name F M Sex

Date of Birth Place of Birth

Name of School

School Address

UCI

School Post Code

Attending Classes Outside the Arabiya School for Qura'an < Yes > < No > Arabic < Yes > < No >

Details

Sport Interest

1 for highest
interest, and 5 for
lowest interest

Other (Specify)

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

Arts & Crafts
Music
Anasheed
Technology

Creativity Interest

1 for highest
interest, and 5 for
lowest interest

Other (Specify)

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

Football
Basketball
Self Defense
Tennis Table

Medical Conditions

Symptoms/Treatment

Other Notes