



المدرسة العلمية الدولية
INTERNATIONAL ACADEMIC SCHOOL

STUDENT APPLICATION FORM

IAS Campus2016-2017

For Office Use Only

App Number:

I. STUDENT PERSONAL INFORMATION

Name: As it appears in the passport			
Date of Birth: DD/MM/YYYY			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:	Religion:	

II. APPLICATION INFORMATION

The applicant is applying to which grade level?			
Does the applicant have siblings currently enrolled at?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Please provide the name of one sibling only Name:			
Grade:	Account Number:		

III. EDUCATION

Present School Name	City & Country	Years Attended YYYY-YYYY	Grade Completed

IV. PARENTS INFORMATION

What is the parents' marital status?	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
With whom does the child reside?	<input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian		
	Father's Information	Mother's Information	
Name:			
Nationality:			
Employer:			
Work Telephone:			
Mobile Number:			
Home Number			
Email: (all capital letters)			

***All Phone Numbers Must Be Provided UAE Numbers.**

Does the applicant require special needs education?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please provide details:			

V. STUDENT EDUCATIONAL HISTORY

- A. Has your child ever repeated a grade level? YES NO
- B. Has your child ever received academic support besides that provided by the classroom teacher (i.e., private tutoring)? YES NO
- C. Has your child ever been referred to an administrator/counselor for behavioral reasons? YES NO
- D. Has your child ever been placed on probation, suspended or expelled from school? YES NO
- E. Has your child ever been assessed for a learning difficulty/disability? YES NO
- F. Has your child ever been diagnosed with a learning difficulty/disability? YES NO
- G. Does your child take any medication or require any aides to support in his/her learning? YES NO
- H. Has your child received any of the following support services? If yes, please provide details And treatments if any. YES NO

- A. Academic remedial sessions YES NO
- B. Counseling YES NO
- C. Physical Therapy YES NO
- D. Occupational Therapy YES NO
- E. Behavioral Therapy YES NO
- F. Speech Therapy YES NO
- G. Hearing Program YES NO
- H. Vision Program YES NO
- I. Learning Disability Program YES NO
- J. Gifted & Talented Program YES NO
- K. Other health conditions YES NO

VI. STUDENT HEALTH INFORMATION

A. Does your child have any of the following health problems? If yes, please provide details and treatments if any, and a medical report.

- A. Allergies to food, medication or others YES NO
- B. Physical disabilities YES NO
- C. Hearing difficulties YES NO
- D. Brain and nerve conditions (e.g., seizures and headaches) YES NO
- E. Ear, nose and throat conditions (e.g., frequent infections) YES NO
- F. Blood disorders YES NO
- G. Breathing and chest disorders (e.g., asthma or previous pneumonia) YES NO
- H. Heart conditions YES NO
- I. Abdominal disorders YES NO
- J. Diabetes and hormonal disorders YES NO
- K. Kidney/Urinary disorders YES NO
- L. Emotional disorders (e.g., anxiety attacks) YES NO
- M. Joint, spine and extremity disorders YES NO
- N. Previous hospitalizations YES NO
- O. Previous infections (e.g., tuberculosis, measles, mumps, and hepatitis) YES NO

B. Is your child on any regular medication? If yes, please provide details

Medication	Dosage	Time of Administration

I hereby attest that I have personally completed this application and that the information provided is true and accurate. I also take full responsibility for any consequences resulting from failure to provide complete and accurate information about my child.

Parent/Guardian Signature: Date.....



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Please provide the following information clearly for official procedures

Address

Area: _____

Building: _____

Street: _____

City: _____



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Required Documents For Admission

- ❖ 4 x passport sized photograph of pupil (plain white background)
- ❖ Copy of pupil's passport
- ❖ Copy of pupil's residence visa *(not required for GCC Nationals)
- ❖ Copy of pupil's birth certificate (check with Admissions.for Attestation and Translation Requirements)
- ❖ Copy of pupil's immunization records
- ❖ Copy of pupil's school report **for previous 2 years (if applicable)
- ❖ Copy of father's passport
- ❖ Copy of mother's passport
- ❖ Copy of father's residence visa *(not required for GCC Nationals)
- ❖ Copy of mother's residence visa *(not required for GCC Nationals)
- ❖ Copy of father's Emirates ID card *(both sides)
- ❖ Copy of mother's Emirates ID card *(both sides)
- ❖ Copy of pupil's Emirates ID card t(both sides)
- ❖ Copy of the latest electricity and water bill
- ❖ Letter of Continuity *(students outside the country)

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED