

PARENT'S DATA FORM FOR PUPIL'S ENROLMENT  
@ ABC PVT. SCHOOL  
ACADEMIC YEAR 2019-2020



Dear Parents, please fill one copy of the parent's registration form and a copy of the student's registration form for each of your child/children at the school, staple all the forms together with parent's registration form on the top and return them to the school administration.

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• Mandatory Fields

• FATHER PERSONAL INFORMATION AS IN THE PASSPORT

• First Name	• Middle Name	• Family Name
• اسم العائلة	• اسم الأب	• الاسم الاول
(Personal information in Arabic as in the passport if applicable)		
• Nationality	• Religion <input type="checkbox"/> Muslim	<input type="checkbox"/> Non Muslim
• Educational level	• Mobile No.	• Email
• Occupation	• Place of Occupation	• Office Contact Number

• MOTHER PERSONAL INFORMATION AS IN THE PASSPORT

• First Name	• Middle Name	• Family Name
• اسم العائلة	• اسم الأب	• الاسم الاول
(Personal information in Arabic as in the passport if applicable)		
• Nationality	• Religion <input type="checkbox"/> Muslim	<input type="checkbox"/> Non Muslim
• Educational level	• Mobile No.	• Email
• Occupation	• Place of Occupation	• Office Contact Number

• Mobile number for which you prefer to receive SMS from School \_\_\_\_\_

• **Residence Address in UAE (Please write the address as it is on the tenancy contract)**

Region \_\_\_\_\_ Zone \_\_\_\_\_  
Sector \_\_\_\_\_ Plot \_\_\_\_\_  
Land line Tel. No. \_\_\_\_\_ Emergency Contact No. \_\_\_\_\_

• **Office Address**

City \_\_\_\_\_ Street \_\_\_\_\_  
Address \_\_\_\_\_  
Office Land line Tel. No. \_\_\_\_\_ P.O. Box \_\_\_\_\_

• **Contact in Home Country**

City \_\_\_\_\_ Street \_\_\_\_\_  
Address \_\_\_\_\_  
Tel. No. \_\_\_\_\_ Emergency Contact No. \_\_\_\_\_

• **CHILD / CHILDREN @ ABC SCHOOL (Siblings)**

1. • STUDENT FULL NAME \_\_\_\_\_ GRADE / SECTION \_\_\_\_\_
2. • STUDENT FULL NAME \_\_\_\_\_ GRADE / SECTION \_\_\_\_\_
3. • STUDENT FULL NAME \_\_\_\_\_ GRADE / SECTION \_\_\_\_\_
4. • STUDENT FULL NAME \_\_\_\_\_ GRADE / SECTION \_\_\_\_\_
5. • STUDENT FULL NAME \_\_\_\_\_ GRADE / SECTION \_\_\_\_\_

Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hereby I confirm that the information I gave is complete and true to the best of my knowledge and I hold full responsibility for it.

\_\_\_\_\_  
Signature