**Requirement For Admission**

**Original Report Card of the last attended academic year certified by the Ministry of Education**

1. J.W.A Student Application from completely filled-out.
2. Original Report Card of the last three attended academic years certified by the Ministry of Education.
3. Four (4) passport size photos (one attached to the first page of the application).
4. Original and Photocopy of Saudi ID, Passport (Student and Father).
5. Original and Photocopy of Iqama, Passport (Student and Father).
6. Original and Photocopy of Birth Certificate.
7. Original and Photocopy of Vaccination Card.
8. Completed Student Health Record (signed by the doctor).
9. Parent Contract Agreement & Parents-Students Handbook (signed by the parent)
10. Parent Contract Financial Procedures Agreement

1- طلب الالتحاق بالمدرسة معبأ بالكامل.

2- الشهادات الدراسية الأصلية (لثلاث مراحل سابقة) مختومة من وزارة التعليم.

3- أربع صور شمسية.

4- صورة من بطاقة الهوية (للسعوديين) وجواز السفر (للأب والطالب\ة) مع إحضار الأصول للمطابقة.

5- صورة من بطاقة الإقامة (لغير السعوديين) وجواز السفر (للأب والطالب\ة) مع إحضار الأصول للمطابقة.

6- صورة من شهادة ميلاد الطالب\ة مع إحضار الأصل للمطابقة.

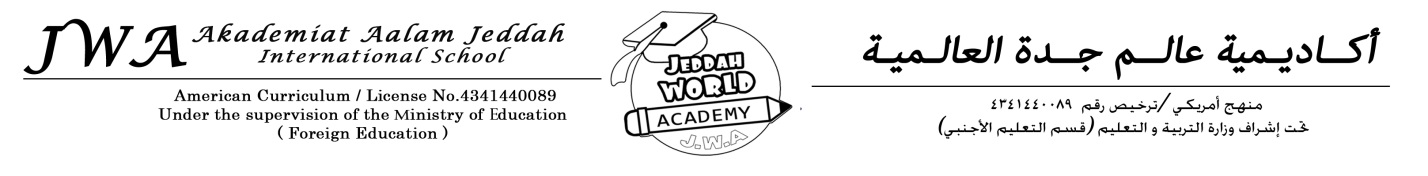
7- صورة من بطاقة تطعيم الطالب\ة مع إحضار الأصل للمطابقة.

8- نموذج التقرير الطبي الخاص بالمدرسة معبأ وموقع من قِبل طبيب معتمد.

9- التوقيع على الإتفاقية الخاصة بأولياء الأمور و أيضاً التوقيع على استلام والموافقة على ما ينص عليه كُتيّب الطالب\ة وأولياء الأمور.

10- التوقيع بالموافقة على السياسة المالية الخاصة بالمدرسة.

**PLEASE NOTE THAT ALL REQUIREMENTS FOR ADMISSION MUST BE SUBMITTED INTO THE SCHOOL SO THE STUDENT WILL BE ADMITTED TO CLASS.**



PHOTO

**STUDENT INFORMATION:**

Name of applicant (as it appears on official documents):



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

First Name Father’s Name Family Name

Name of applicant in Arabic (as it appears on official documents) : (اسم الطالب بالعربي )

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

العائلة اسم الأب الاسم الاول

DATE OF BIRTH: (D/M/YR) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PLACE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEX: ⬜ FEMALE ⬜ MALE NATIONALITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELIGION: ⬜ MUSLIM ⬜ NON-MUSLIM IQAMA NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NATIVE LANGUAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SECOND LANGUAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADE LEVEL FOR ADMISSION: \_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF ENROLLMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions**

*This application must be completed in full by the applicant’s parent or legal guardian and returned*

*to the Administration office. Personal information as name of applicant, nationality, date and place*

*of birth should be written in BLOCK LETTERS in accordance with iqama and passport.*

**Family Information**

**Please check any that apply to student:**

⬜ Parents are married and living together ⬜ Parents are divorced.

**MOTHER INFORMATION:**

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

Family NAME FIRST NAME MIDDLE NAME

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FATHER INFORMATION:**

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

FAMILY NAME FIRST NAME MIDDLE NAME

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BROTHERS AND SISTERS (if any):**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | Sex (M/F) | School Attending (if any) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

**Academic History**

Previous schools of applicant (if applicable). Please begin with present school.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School** | **city** | **Level Completed** | **Years Attended** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

1. Has the applicant ever been diagnosed with a learning disability, a behavioral or emotional condition, or any other disability?

**□ Yes □ No Please specify: -------------------------------------------**

1. Has the applicant ever repeated a grade in school?

**□ Yes □ No If yes, please explain. ----------------------------------**

1. Has the applicant ever been asked to leave or been expelled from a school?

**□ Yes □ No If yes, please explain. ----------------------------------**

**Additional Information**

1-Do you like to participate in any school voluntary work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Special Needs**

*Does the applicant require any special or medical assistance? If so, please complete the details below if educational assistance is required, please state type:*

*---------------------------------------------------------------------------------------------------------*

If medical assistance is required, please ensure that the medical form is completed fully.

**How Did You Know About Us**

□ Social Media □ Internet □ A friend □ Brochure

---------------------------------------------------------------------------------------------------------------------------------------------------------------------- Other