NEW ADMISSION FORM

Date: _____

STUDENT INFORMATION

First Name _ Family Name / Surname _

Date of Dateof Birth: DD/MM/YY ☐☐ ☐☐ ☐☐☐☐ (DAY / MONTH / YEAR) Gender ☐ Male ☐ Female

Current Year/Grade _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Current School _

Grade Applying for _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Academic Year _

Nationality _ Religion _

Curriculum of Current School _

Reason(s) for Transfer for Current School to DIPS-G _

Please, provide details of any medical condition (including allergies), disabilities, or learning difficulties for your child. You must disclose any factor which may affect your child's ability to cope independently in a school environment. If your child has learning difficulties and follows an IEP, this must be presented at the time of application. Any offer made by the school is subject to being able to meet the individual needs of the child.

Has your child ever been diagnosed with the following:

Difficulty / Disorder	**الصعوبة / الاضطراب**
☐ Dyslexia	☐ صعوبة تعلم القراءة (الدسلكسيا)
☐ Dyscalculia	☐ صعوبة تعلم الرياضيات (الديسكالكيوليا)
☐ Learning Difficulties	☐ صعوبات التعلم
☐ Language / Speech Disorders	☐ اضطرابات اللغة / الكلام
☐ Attention Deficit Disorder	☐ اضطراب نقص الانتباه
☐ Autism	☐ التوحد
☐ Emotional Difficulties	☐ صعوبات عاطفية
☐ Behavioural Difficulties	☐ صعوبات سلوكية
☐ Attention Deficit Hyperactivity Disorder	☐ اضطراب فرط الحركة وتشتت لانتباه
☐ Other: Please specify	☐ أخرى: يرجى التحديد

If yes, please give details _

Does your child have any allergies or food intolerance? If yes, please give details.

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Does the new student have siblings at DIPS-G? Yes No ☐

If yes, please provide Family ID # ☐

The Ministry of Education subjects are applied to non-Arabic-speaking students if a non-Arab nationality is stamped on the residence visa and stated on the Emirates ID**.** The subjects include Arabic B ☐, Islamic Ed. B ☐ and Moral Ed. B. ☐

Vic-Principal:…… **School Principal:**……

***Transportation:** Do you require transportation services: 2-way ☐ 1-way ☐ No ☐

Address Details _

***For Non-Native English Speakers**

Mother Tongue _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Secondary Language (KG onwards) ☐ French ☐ Spanish ☐ Other: Please, specify _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Is English used at Home ? Yes ☐ No ☐

*SIBLING(S) INFORMATION

#	Name	Date of Birth	Current Grade	Promoted to Grade	Current School
1					
2					
3					

*PARENT INFORMATION

Details of Father

*Name _

*Nationality _

*Mobile _

*Home Landline _

*E-mail _

*Occupation/Place of Work _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Details of Mother

*Name _

*Nationality _

*Mobile _

*Home Landline _

*E-mail _

*Occupation/Place of Work _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Please, check the box for primary contact: Father ☐ Mother ☐

***Emergency Contact Details:**

Name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Relationship : _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Mobile _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

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Father's Signature Mother's Signature

***Family Status**: Married ☐ Divorced ☐

-In the event of parental separation, parents are requested to provide the school with official custody documents.	-في حال وجود حالة انفصال بين الوالدين، يرجى تزويد المدرسة بالوثائق الرسمية.

Registration office Note:

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Vic-Principal:……………………………………………… **School Principal:**……………………………………