

مدرسة الشارقة البريطانية الدولية

SHARJAH BRITISH INTERNATIONAL SCHOOL



APPLICATION FORM

School Ref.....

App. Date:.....

Recd By:.....

Reg. Apvd. Date :.....

Signature :.....

(Please complete in BLOCK CAPITAL LETTERS)

Name of Student _____
Family Name First Name

STUDENT'S DETAILS

Student's Family Name : _____ Full First Name : _____
(as in passport)

Date of birth: _____ Male/Female Nationality: _____ Religion _____
Day Month Year

Principal Language spoken at home: _____

Other language spoken fluently: _____

Hobbies and interests: _____

Name of present school: _____

Name of Head teacher: _____

Full postal address: _____

Telephone(include codes): _____ Fax: (include codes): _____

Date of entry: _____ Date of leaving: _____

Applying For : Term 1 / Term 2 / Term 3 - Year _____

Foundation/KG1	Age 3 to 4 yrs.	
Reception/KG2	Age 4 to 5 yrs.	
Year - 1	Age 5 to 6 yrs.	
Year - 2	Age 6 to 7 yrs.	
Year - 3	Age 7 to 8 yrs.	
Year - 4	Age 8 to 9 yrs.	
Year - 5	Age 9 to 10 yrs.	

Year - 6	Age 10 to 11 yrs.	
Year - 7	Age 11 to 12 yrs.	
Year - 8	Age 12 to 13 yrs.	
Year - 9	Age 13 to 14 yrs.	
Year - 10	Age 14 to 15 yrs.	
Year - 11	Age 15 to 16 yrs.	
Year - 12	Age 16 to 17 yrs.	

The following documents are required with your application ;

- a. Photocopy of student's passport
- b. Photocopy of father's passport
- c. Photocopy of student's birth certificate
- d. Passport size photograph of student x 7
- e. Original copy of most recent school report plus photocopy
- f. Emirates I.D. copy

IMPORTANT

FOR APPLICANTS WITHIN THE UAE

A transfer certificate from the previous school will be required upon entry into S.B.S.

FOR APPLICANTS OUTSIDE THE UAE

Kindly provide 2 photocopies of each documents

HOME DETAILS

Local Residence Telephone: _____ Fax: _____ e-mail: _____

Father's Name: _____ Occupation: _____
Family Name *First Name*

Company Name _____ Co. address: _____

Company Telephone: _____ Fax _____

Father's Mobile: _____ Fax : _____ Pager: _____

Mother's Name: _____

Company Name: _____

Company Telephone: _____

Mother's Mobile : _____ Fax: _____ Pager: _____

Full UAE postal address: _____

Full overseas postal address: _____

Overseas Telephone: _____

Emergency Contact Numbers: _____

Details of legal guardian (if applicable) : _____

MEDICAL INFORMATION

Name of clinic attended by pupil: _____ Name of Doctor: _____

Address: _____ Telephone: _____ Fax: _____

Government health card number: _____

IMMUNISATION HISTORY			
B.C.G.	Yes	No.	Date:
M.M.R.	Yes	No.	Date:
D.T.P. (Diphtheria Polio tetanus	Yes	No.	Date:
An original vaccination record will be required when your child joins the school			

Please give details of any medical condition your child may have of which the school nurse should be aware: _____

Please give details of any allergies: _____

Please give details of any standard childhood illness: _____

Please give details of any fracture: _____

Does your child wear spectacles ? Yes/No Or Contact lenses ? "Yes/No

Date of Last eye test: _____

Height: _____ cms Weight: _____ Kgs

Please give details of any family illness (diabetes, asthma) _____

FINANCIAL & TRAVEL ARRANGEMENTS

SCHOOL FEES:

1. School fees are payable in advance annually or three termly payment.
2. The governors reserve the right to refuse admission to any pupils if fees are not paid on time.
3. A full term's notice in writing is required before a pupil is withdraw from school.
Where such prior notice is not tendered one term's fees will be charged in lieu.

Please indicate whichever of the following applies in your case:

INVOICING:

Please invoice my company for

Tuition Fees

Bus Fees

Book Fees

Please invoice me for:

Tuition Fees

Bus Fees

Book Fees

TRANSPORT:

☐

School bus transport is not required

☐

School bus transport is required one way () AM/PM

☐

School bus transport is required both ways

Residence location details: _____

(Please also attach a detail map showing your residence location)

DECLARATION:

I/We have read, understood and agree to the contents of this application form including the information relating to school fees payment included in the financial and travel arrangements section.

Signature of Parent/Guardian

Company Counter Signature & Stamp
(If applicable)

Dated: _____

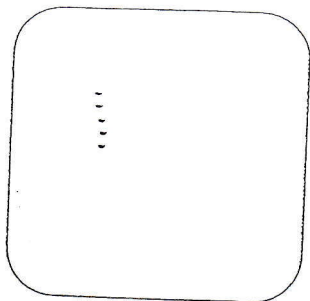
Please Return The Completed Form To School
With Enclosures To

The Registrar

Or Direct to School Administration



Transport Registration Form 2013/2014



Gr.: _____ Section: _____

Bus No. _____

One way () two ways (). am () pm ()

Ajman () Sharjah () Dubai () Umm Al Quuain ()

Full Name: _____ D.O. B.: _____ Emirate: _____

Address: Area: _____ Street: _____

House Number: _____ Flat Number: _____

Nearby Landmark: _____

Tel. No. Home: _____ Father's Office: _____

Mother's Office: _____ Father's Mobile: _____

Mother's Mobile: _____

Full Name & Contact Number of Person to be contacted in case of
Emergency _____

Dear Parents,

Please be informed that if the student misbehaves on the bus , he will be punished by receiving messages as follows :-

- 1 - Oral warning.
- 2 - Will be stopped from using the bus for one week and his/her name will be written in the Nannies note book for complaints in the bus.
- 3 - Will be stopped from using the bus for 3 weeks and his/her name will be written in the Nannies note book for complaints in the bus.
- 4 - Will be stopped completely and banned from using the bus till the end of the year. This is not negotiable. Fees will not be refunded.

- 5 - We would like to inform you that students are not allowed to fight in the bus. If any fight occurs, you are kindly requested to contact the school administration directly. Parents strictly are not allowed to enter the school buses.

So, please dear parents, ensure that your child is behaving well in the school bus your support is appreciated.

I hereby register the above child for School Transport.

Signed by: _____ Date: _____