

Application Form



BSME

Please complete this form in **CAPITAL LETTERS**. This application **will not** be processed unless ALL sections of the form are completed.

Please attach 5 recent passport size photographs on photographic paper.	For Office Use Only:-	Application Received: ____/____/20____
	Reg. Fees _____	Date: _____
	Family Bond: _____	Date: _____
	I.D. Number: _____	

PROSPECTIVE STUDENT DETAILS:

First Name:	Middle Name:	Last Name:
Date of Birth: (dd/mm/yyyy) ____/____/____	Country of Birth:	Nationality:
Gender: Male : <input type="checkbox"/> Female: <input type="checkbox"/>	Religion: Islam: <input type="checkbox"/> Christian: <input type="checkbox"/>	Other Religion(please specify):
Fluent in English: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	1 st Language:	Other Languages:
Proposed Date of Entry:	Year Group Requested:	Current Year Group:

EDUCATION:

Applications for entry from Year 2 and above **MUST** be accompanied by a copy of the latest school report.

School Name	Curriculum	Year/Grade	City/Country	From mm/yyyy	To mm/yyyy

(Please circle the appropriate answer)

Does the child named above

- have Individual Learning Needs? Yes No
- require English language support? Yes No

Has the child named above :

- experienced developmental problems or delays? Yes No
- received learning support/special education/therapy? Yes No
- had any problems at his/her previous school? Yes No
- ever been excluded/suspended from school? Yes No

If you have answered 'yes' to any of the above, details must be supplied separately and submitted with this application.

SIBLINGS:

Name	Age	Date of Birth	Registered @ AAESS	Applying for AAESS

Application Form

AAESS

BSME

Contact Information:

Sponsor (Father/Mother/Guardian):

Title:	First Name:	Family Name:	Nationality:	Language:
	Home Tel:	Mobile Tel:	Occupation:	Employer:
E-mail: _____@_____._____.				

Spouse (Wife/Husband/Guardian):

Title:	First Name:	Family Name:	Nationality:	Language:
	Home Tel:	Mobile Tel:	Occupation:	Employer:
E-mail: _____@_____._____.				

By completing and submitting this application on behalf of the aforementioned child,

I..... (Please print your name)

- Agree to EAL/ILN (English language support/Individual Learning Needs) support for my child (if required) following agreed assessment by the school
- Understand and agree to pay all fees due. This includes any additional fees resulting from any required educational support (EAL/ILN) provided for my child.
- Understand that the family bond is non-refundable in the event that my child does not enter the school
- Agree to comply with the Confidentiality Agreement and the Home-School agreement
- Will recognise, support and abide by the school rules, policies and procedures
- Understand that my child will be in a mixed class – ability, gender, nationality and religion
- Declare that I am the parent/legal guardian of the aforementioned child
- Confirm the information provided above is correct and complete

Signed: _____

Date: _____