

THE AUSTRALIAN SCHOOL OF ABU DHABI- UAE

BRANCH OF THE AUSTRALIAN INTERNATIONAL ACADEMY REGISTRATION FORM

OFFICE USE ONLY

Receipt No.: _____
Date: _____
FAMKEY: _____
S. CODE: _____

COMPLETED FORM & BIRTH CERTIFICATE MUST BE RETURNED TO THE REGISTRAR
PLEASE PRINT USING BLACK OR BLUE INK

DETAILS OF APPLICANT

FAMILY NAME

GIVEN NAME

Please **PRINT ALL RESPONSES**
Except your signature

TO ENTER YEAR LEVEL

IN THE YEAR

GENDER

Male

Female

DATE OF BIRTH

Day

Month

Year

COUNTRY OF BIRTH

PRESENT SCHOOL

RELIGION

STUDENT LIVES WITH: Both Parents Mother Only Father Only Other: _____

PLEASE LIST, IF YOU HAVE:

CHILDREN **CURRENTLY ENROLLED** AT THIS SCHOOL?

CHILDREN CURRENTLY **AWAITING ADMISSION**
TO THIS SCHOOL?

DETAILS OF PARENTS / GUARDIANS

FATHER / MALE GUARDIAN

MOTHER / FEMALE GUARDIAN

NAME IN FULL

ADDRESS

POSTAL ADDRESS

HOME TEL. No.

WORK TEL. No.

MOBILE TEL. No.

EMERGENCY No.

Country of Birth

SIGNATURES

Date: ... / ... /

Date: ... / ... /

PLEASE NOTE: REGISTRATION FEE IS NON-REFUNDABLE
For All Year Levels KG to 12

DETAILS OF FATHER / GUARDIAN (Please complete as applicable)

Title (Mr / Dr)

Family Name First Name

Nationality First Language

Occupation Department

Company

P.O. Box State

Work Phone No. Mobile Phone No.

Home Phone No. Fax No.

Email Address.....

How long have you been in U.A.E.? **How long do you intend to stay in U.A.E.?**

DETAILS OF MOTHER / GUARDIAN (Please complete as applicable)

Title (Mrs / Dr)

Family Name First Name

Nationality First Language

Occupation Department

Company

P.O. Box State

Work Phone No. Mobile Phone No.

Home Phone No. Fax No.

Email Address.....

How long have you been in U.A.E.? **How long do you intend to stay in U.A.E.?**

**AUSTRALIAN INTERNATIONAL ACADEMY
ABU-DHABI U.A.E.**

Dear Parent/Guardian,

This form must be completed and returned to the Administration.

Your co-operation is greatly appreciated.

NAME OF STUDENT :
(as it appears on passport)

NAME OF STUDENT IN ARABIC :
(as it appears on passport) if applicable

Passport Number :

Place of Birth :

Place of Issue :

Date of Issue :

Passport Expiry Date :

RESIDENCE VISA NUMBER :

Date of Issue :

Date of Expiry :

NAME OF PARENTS' SPONSOR :

RESIDENTIAL ADDRESS IN ABU-DHABI :

P.O. Box Address :

Telephone Number :

OFFICE ADDRESS IN ABU-DHABI :

P.O. Box Address :

Telephone Number :