AL-HOUDA SCHOOL
STUDENT ADMISSION FORM

School year: 2018- 2019

Student ID:_____ Medicare number:_____

Family name: _____ First name:_____

Date of birth:_____/____/_____ Place of birth:_____

D M Y Country / City

Sex: Male ☐ Female ☐

Does your child have chronic health problems? Yes ☐ No ☐
If yes, explain type of problem: _____

_____

Grade: _____

Previous school (if transferred):_____

First language: _____ Language spoken at home:_____

Father

Family name: _____ First name:_____

Country of birth: _____

First language: _____ Second language:_____

Mother

Family name: _____ First name:_____

Country of birth:_____

First language: _____ Second language:_____

Person responsible for child: father & mother ☐ father ☐ mother ☐ other: ☐

Family address:_____

Postal code_____ Phone number (at home):_____

Cell. phone (father): _____ Cell. phone (mother):_____

Phone at work (father):_____ Phone at work (mother): _____

Email (father):_____

Email (mother):_____

Any other information:_____

_____ _____

Signature Date