

# BAWABAT AL MA'RIFAH INTERNATIONAL SCHOOL

King's Road- Al-Shati Dist.  
Jeddah 23414-2943  
Kingdom of Saudi Arabia License No. 229



## Application for Admission

BEFORE COMPLETING THIS APPLICATION, READ THE ACCOMPANYING INSTRUCTIONS CAREFULLY. PLEASE TYPE OR PRINT YOUR ANSWERS.

### • **PERSONAL INFORMATION:**

|  |     |                                 |      |
|--|-----|---------------------------------|------|
| Full Legal Name of Applicant (as it appears in passport)               |     |                                 |      |
| Full Name of Applicant in Arabic (as it appears in passport)           |     |                                 |      |
| Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female |     | Age (at the time of admission): |      |
| Date of Birth:   | Day | Month                           | Year |
| Place of Birth:  |     |                                 |      |
| Nationality:   |     | Religion:                       |      |
| Passport Number:   |     | Iqama /Saudi ID Number:         |      |
| Place of Issue:  |     | Iqama Issue Date:               |      |
| Expiry Date:   |     | Iqama Expiry Date:              |      |
| Address in Saudi Arabia:   |     | Foreign Address:                |      |
|  |     |                                 |      |
|  |     |                                 |      |
| Home Phone No.:  |     | Home Phone No.:                 |      |
| Fax:   |     | Fax:                            |      |
| E-mail ID:   |     |                                 |      |
| Language(s) Spoken at Home:  |     |                                 |      |

### • **PREVIOUS SCHOOLS ATTENDED:** (Most Recent First)

| School Name | Grade | Curriculum | Academic Year |
|-------------|-------|------------|---------------|
| 1.          |       |            |               |
| 2.          |       |            |               |
| 3.          |       |            |               |

|                             |                       |
|-----------------------------|-----------------------|
| <b>Candidate for Grade:</b> | <b>Academic Year:</b> |
|-----------------------------|-----------------------|

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## • FAMILY INFORMATION:

|                              |  |                    |  |
|------------------------------|--|--------------------|--|
| <b>Full Name of Father :</b> |  |                    |  |
| Nationality:                 |  | Passport Number:   |  |
| Profession:                  |  | Iqama Number/ID:   |  |
| Employer:                    |  | Position/Job Title |  |
| Business/ Company Name:      |  |                    |  |
| P. O. Box                    |  | City               |  |
| Area Code                    |  |                    |  |
| Business Phone 1             |  | Ext.               |  |
| Business Phone 2             |  | Ext.               |  |
| Home Phone No.               |  | Fax.               |  |
| Mobile No. 1                 |  | Mobile No. 2       |  |
| E-mail ID:                   |  |                    |  |
| Sponsor Name (Kafeel)        |  | Mobile No.:        |  |

|                             |  |                    |  |
|-----------------------------|--|--------------------|--|
| <b>Full Name of Mother:</b> |  |                    |  |
| Nationality:                |  | Passport Number:   |  |
| Profession:                 |  | Iqama Number/ID:   |  |
| Employer:                   |  | Position/Job Title |  |
| Business/ Company Name:     |  |                    |  |
| P. O. Box                   |  | City               |  |
| Area Code                   |  |                    |  |
| Business Phone 1            |  | Ext.               |  |
| Business Phone 2            |  | Ext.               |  |
| Home Phone No.              |  | Fax.               |  |
| Mobile No. 1                |  | Mobile No. 2       |  |
| E-mail ID:                  |  |                    |  |
| Sponsor Name (Kafeel)       |  | Mobile No.:        |  |

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### • SIBLING INFORMATION:

| Name | M/F | Date of Birth | Grade | School |
|------|-----|---------------|-------|--------|
| 1.   |     |               |       |        |
| 2.   |     |               |       |        |
| 3.   |     |               |       |        |
| 4.   |     |               |       |        |

### • DESCRIBE YOUR CHILD:

|  |  |
|--|--|
| What are the traits that describe your child as a student:   |  |
| *Does the child have any special physical needs? If Yes, please explain  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| *Does the child have any special emotional or psychological needs? If Yes, please explain  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| *Does the child have any special language needs? If Yes, please explain  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has the student ever skipped a grade level?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has the student ever been asked to repeat a grade level? If yes. Please indicate grade level and a brief explanation: _____  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| The student resides with: <input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other ( _____ ) |  |
| Number of people living at home (including the student) _____  |  |

### • EMERGENCY CONTACT INFORMATION:

|   |  |                            |  |
|---|--|----------------------------|--|
| Please provide the names of individuals who have your permission to collect the student from school if necessary. |  |                            |  |
| <b>First Contact:</b>   |  | <b>Second Contact:</b>     |  |
| Full Name:  |  | Full Name:                 |  |
| Relationship to Applicant:  |  | Relationship to Applicant: |  |
| Telephone Number:   |  | Telephone Number:          |  |

#### FOR ADMINISTRATION USE ONLY

REGISTRATION NO. \_\_\_\_\_

- BIRTH CERTIFICATE
- IMMUNIZATIONS
- PASSPORT COPY
- PASSPORT PHOTOS
- RESIDENCE PERMIT
- RESIDENCE LOCATION
- BILLING INFO
- RECORDS RECEIVED
- CONFIDENTIAL REPORT

|   |
|---|
| STUDENT NUMBER _____                            |
| DATE OF TEST _____                              |
| TEST RESULTS _____                              |
| ACCEPTED TO GRADE _____                         |
| <u>TEST SCORES</u> - ENGLISH: _____ MATH: _____ |
| OBSERVED CONDUCT DURING THE TEST: _____         |
| REMARKS: _____                                  |
| _____   |

**BAWABAT AL MA'RIFAH INTERNATIONAL SCHOOL**

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Admitted: \_\_\_\_\_ Date: \_\_\_\_\_ In-Charge: \_\_\_\_\_

### **Student Records**

Dear Parents,

Following is a list of the documents required for the completion of students' files. If you have not yet submitted any of these documents on behalf of your children, please do so immediately as they are important for your son/daughter's Admission to school. Failure to submit will render the application incomplete and delay the processing of the application.

#### **Prerequisites for Registration**

- Completed admission form.
- Copy of father's recent passport.
- Copy of student's recent passport.
- Copy of father's ID card (Saudis) or Resident Permit (Iqama)
- Copy of student's ID card (Saudis) or Resident Permit (Iqama)
- Copy of student's immunization records.
- Copy of the student's birth certificate.
- Original** school report cards from grade one
- Transcript **(for high school)**
- Four passport sized photos.
- For Grade one applicants **(Medical Report for special needs)**
- Behavior Report from the previous school **(for High School Students)**
- A certificate that shows a record of all the schools your child has attended and the grades completed in those schools.**

**Please ensure that each document is clearly labeled with the student's full name and grade.**

**Thank you.**