NETZAH INTERNATIONAL SCHOOL

FOR OFFICIAL USE ONLY
NISC ID# : _____
Class of Registration: _____
Entered by: _____
Date: _____

Enrolment Form

To be completed by all new students

STUDENT INFORMATION

First name:			Date of birth		
Middle name:			YYYY	MM	DD
Last name:					
Gender:	M	F	Nationality:		
Birth Certificate Number:					

PARENT/GUARDIAN INFORMATION

First name:	Phone Number:
Middle name:	Email:
Last name:	Relationship to child:
Formal Address Title: Ms/ Mr/ Mrs/ Dr/ Other:	
Nationality:	Country of residence:
Profession:	
Company / Organisation of current occupation:	
Job Title:	
Business Physical Address:	
Business Phone:	
Email:	
City / Country:	
Web page:	
Home Physical Address:	

PARENT/GUARDIAN INFORMATION

First name:	Phone Number:
Middle name:	Email:
Last name:	Relationship to child:
Formal Address Title: Ms/ Mr/ Mrs/ Dr/ Other:	
Nationality:	Country of Residence:
Profession:	
Company / Organisation of current occupation:	
Job Title:	
Business Physical Address:	
Business Phone:	
Email:	
City / Country:	
Web page:	
Home Physical Address:	

EMERGENCY CONTACT PERSON

First name:	Phone Number:
Middle name:	Email:
Last name:	Relationship to child:
Physical Address:	

SIBLING INFORMATION

Name:	Grade:	School attending:

SCHOOL TRANSPORT FACILITIES USE (Delete as applicable)

	My child will be taking the school bus
	I will provide transportation for my child to and from school.
Please make arrangements and payments with the school office if the child will take the school bus	

MEDICAL INFORMATION

1. Does the child have any medical concern or chronic condition? YES ___ NO ____
2. If the answer to 1. above is yes, please provide details

   _____
3. Does the child regularly take medication for any condition? YES ____ NO_____
4. If the answer to 3. above is yes, please provide details

   _____
5. Is the child fit enough to physically undertake age appropriate physical activities at school? YES_____ NO _____
6. If the answer to 5. Above is no, please provide details

   _____
7. Does the child have any special needs? YES ____ NO _____
8. If the answer to 7. Above is yes, please provide details

   _____

It is the responsibility of the parent to inform the administration of any medication the child is taking, or of any health concern. Any change in the student's medical condition or medication is to be brought to the attention of the head of school promptly.

DECLARATION

I, the undersigned, hereby declare that I have the legal authority to register the child. I declare that the information that I have provided on this form is complete and accurate. I will promptly notify the school of any changes to the information on this form.	
Name:	
Signature:	
Date:	