

ENGLISH LANGUAGE SCHOOL (PVT.) DUBAI

P.O. Box: 6680, Dubai – UAE – Phone: 04-3377503/04-3371099, Fax: 04-3345644 www.elspvtdubai.com & E-mail: dubaiems@emirates.net.ae, info@elspvtdubai.com

ADMISSION FORM

								_								_								
1	Name in letters)	full (Block																						
2	Father's	Name																						
3	Guardian (If any)																							
4	Emirates ID Number					-					-								-			.1		
5	E-mail:																Phone:							
6	Residen															Re: Off Mo								
7	Occupat Father/G							8	Pare	ent's F	Remarks/Special Inst. To the Teacher/Special needs													
9	Monthly (Dhs)																							
10	Religion and Mother tongue												11. Nationality											
12	Date of I	Date of Birth			*			*					13	Pla	Place of Birth									
14	Last School									•			15	Cla	Class Passed									
16	Medium of instruction in the school last attended												17	Date of leaving										
18	Class desired																							
19	Brothers/Sisters in this School		Name										Class					Section						
1.																								
2.																								
3.																								
20	Permanent home address:																							
21	I shall strictly abide by the rules and regulations of the school, and shall be responsible for the conduct, uniform, demeanour and behaviour of my son/daughter.																							
D							Signat Parent or					ure of Guardian												
FOR OFFICE USE																								
Tested and admitted in Class & Section: Amount Paid:																								
Date:													Admission Incharge											

Accountant Principal