



Jeddah
Private International School

Application for Admission

Academic Year 20__/20__

Branch _____

Passport-size
photo

First Name	الاسم	
Father's Name	اسم الأب	
Grand Parent's Name	اسم الجد	
Family Name	اللقب (اسم العائلة)	
		(PASSPORT SPELLING) (كما ورد في جواز السفر)
Siblings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SABIS® Transfer	Yes <input type="checkbox"/>	No <input type="checkbox"/>

For School Use Only

Date of Application		Application N°.	
Student's Computer N°.		Level	
Receipt Number - Application Fee		Date	
Receipt Number - School Fees		Date	
Second Language			
Parent Number		Transportation Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Bus N°.	
		<small>(If yes, kindly attach a map)</small>	
May Register for		With Summer School	
Specials		Full Special	
Campus	Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	KG's <input type="checkbox"/>
English	On Level <input type="checkbox"/>	Specials <input type="checkbox"/>	Remarks
Arabic	On Level <input type="checkbox"/>	Specials <input type="checkbox"/>	Remarks
Placement Test Date			
Comments			



Managed by
SABIS®

Applicant Details

Date of Birth	<input type="text"/>	Place of Birth	<input type="text"/>
	<small>(Day/Month/Year)</small>		<small>(City / Country)</small>
Nationality (as per Iqama)	<input type="text"/>	2 nd Nationality	<input type="text"/>
Passport # (if any)	<input type="text"/>		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Religion <input type="text"/>
			Iqama/ID# <input type="text"/>
Language(s) spoken at home	English <input type="checkbox"/>	Arabic <input type="checkbox"/>	Other <input type="text"/>
Previous School	<input type="text"/>	Country	<input type="text"/>
Previous grade level (last attended) according to leaving certificate <input type="text"/>			
Has your child ever skipped or been asked to repeat a school year? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, kindly provide details. <input type="text"/>			
<input type="text"/>			
Which languages do you like your child to study as his/her second language? Please circle one only French <input type="checkbox"/> Arabic <input type="checkbox"/>			
Has your child previously applied to or attended a school within the SABIS® School Network? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which one <input type="text"/>			
Has your child been involved in any advanced, gifted/talented program, faced some sort of learning difficulties (speech/ language therapy), or been tested for psychological purposes? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, kindly specify <input type="text"/>			
<input type="text"/>			
Does your child suffer from any medical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is your child on regular medication? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please explain <input type="text"/>			
<input type="text"/>			
Kindly fill in the attached Medical Form			

Family Data

1 st Guardian (to whom the school reports and other correspondence should be addressed)			
Full Name	<input type="text"/>	Nationality (as per Iqama)	<input type="text"/>
	<small>(First / Middle / Family)</small>		
Relationship to student	<input type="text"/>		
Place of Employment	<input type="text"/>		
Occupation/ Job Title	<input type="text"/>		
Business Address	<input type="text"/>		
E-mail	<input type="text"/>	Phone /Ext	<input type="text"/>
		Fax	<input type="text"/>
Home Address (Area, Street, Bldg, Floor)	<input type="text"/>		
E-mail	<input type="text"/>	Phone	<input type="text"/>
		Mobile	<input type="text"/>
<input type="text"/>			

Mother (or 2nd Guardian if other than Mother)

Full Name (First / Middle / Family) Nationality

Relationship to student

Place of Employment

Occupation/ Job Title

Business Address

E-mail Phone /Extension Fax

Home Address *(Area, Street, Bldg, Floor)*

E-mail Phone Mobile

Status of Parents Married Divorced Other

Who has custody of the child Father Mother *(legal documents may be required)*

Siblings (if any)

Name	Grade	School
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Siblings graduated/attended a SABIS® School Yes No

If Yes: School Year

For our Alumni Records

Is the applicant's father a SABIS® graduate? Yes No

If yes, what year? Which SABIS® School?

Is the applicant's mother a SABIS® graduate? Yes No

If yes, what year? Which SABIS® School?

Mother's Maiden Name

How would you like to receive your copy of the SABIS® Newsletter?

Via Mail Via E-mail Address

Other Important Information

In case of emergency, who would you like the school to contact? (other than Parent / Guardian)

Name 1 Relationship

Phone #

Name 2 Relationship

Phone #

To receive important school-related SMS messages on your mobile, please choose one

1st Guardian Mobile 2nd Guardian Mobile Number

I confirm all the above details to be correct

Name Signature

Guarantee Form

For School Use

You are kindly requested to complete your child's admission folder with the below missing documents as they are required by the ministry of education for registration approval:

1. Three recent passport size photographs
2. Application Form (Please fill out all the fields and use capital letters for the names)
3. The Original School reports for the past two years
4. An attested last report card
 - a. From the Ministry of Education in the country applicants are coming from and Saudi Embassy, if transferred from outside the Kingdom of Saudi Arabia
 - b. From the Saudi Ministry of Education if transferred from outside Jeddah
5. Statement from the transferring school stating the last taken exams
6. Copy of student, mother and father passport
7. Copy of birth certificate
8. Copy of vaccination card
9. Applicant Identification
 - a. For Non Saudi Arabian applicants: Copy of renewed resident permit (Iqama)
 - b. For Saudi Arabian applicants: Copy of ID
10. Sponsor's letter from your work place
11. Financial clearance from the last attended school if transferred from a school inside Jeddah
12. Original Ministry approval from the previous school if transferred from a school inside Jeddah
13. Guardian's statement (your statement as to why you chose our school)

I, the parent of _____,

guarantee to submit the required documents no later than _____

Parent's Name and Signature: _____

Office Coordinator's Name and Signature: _____