



أكاديمية نهضة  
NAHDA ACADEMY

# PUPIL APPLICATION FORM

For enrolment to Academic year  
September 2017 - July 2018

**PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS AND IN ENGLISH.**

<b>PUPILS DETAILS</b>	
Pupil's Surname	
Pupil's First Name(s)	
Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Date of Birth (DD/MM/YYYY)	
Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
Post Code	<i>Please attach current passport sized photograph</i>
What year are you registering your child for <input type="checkbox"/> Nursery <input type="checkbox"/> Reception <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3	
What is your preferred enrolment date? <input type="checkbox"/> September 2017 <input type="checkbox"/> January 2018	

<b>PARENT DETAILS</b>		
Father's Surname	Title	<i>Address (if different from Pupil)</i>
Father's first name		
Father's Mobile Telephone		
Father's Home Telephone		
Father's Occupation		
Father's Email Address		

<b>PARENT DETAILS</b>		
Mother's Surname	Title	<i>Address (if different from Pupil)</i>
Mother's first name		
Mother's Mobile Telephone		
Mother's Home Telephone		
Mother's Occupation		
Mother's Email Address		

## EDUCATION DETAILS • PRESENT SCHOOL

Name of School	Address of School
Name of Head Teacher	
Telephone number of School	
Date Started at Present School	
Present Class	
<i>Please note we will request a report from your child's present school</i>	

## ADDITIONAL INFORMATION

Please tell us about any of your child's artistic, dramatic, musical or sporting skills

Please tell us about any of your child's hobbies or particular interests

Please provide us with details of any medical conditions your child may have. this should include any allergies, disabilities or learning difficulties

*Please note that on signing this form you give your consent to any administration of medication as may be considered necessary by medically qualified persons and any first aid deemed necessary in line with the school's policy whilst your child is attending school.*

## DECLARATION

We request that the name of my/our son/ daughter\* be registered as a prospective pupil at Nahda International Academy.  
A non-returnable registration fee of SR        is enclosed.  
We understand the Terms and Conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the school.  
We understand also that the School may process and hold information about our child, including sensitive information such as medical details and we consent to this for the purpose of assessment, and if a place is offered, in order to safeguard and promote the welfare of our child.

FATHER	MOTHER
Signature	Signature
Name in Full	Name in Full
Date	Date

## TERMS AND CONDITIONS

1. We both have the parental responsibility for our child; we both agree that our child should attend the school and no other person's consent is required.
2. We confirm the fees payable to our child's current and any previous schools have been paid, or will be paid, in full before our child enters Nahda Academy.
3. We will not cancel our acceptance of this place or withdraw our child from the school without first giving a full term's fees in lieu of notice.

## REGISTRATION FEE

A non-refundable registration fee of SR 2,500 SR will place your child's name on the School list for the term indicated; it does not guarantee a place. Subject to a successful assessment your child will be made a firm offer after which time payment of one term's school fees in advance will secure the place. Please see separate sheet for full details of all our fees.

**When complete, please return this form to:**  
info@nahda-academy.edu.sa