



**Abdulaziz
International Schools**
Al-Sulaimaniah

Application for Admission

Academic Year 20___/20___

*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	No	SABIS® Transfer	Yes	No
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For School Use Only

Date of Application		Application N°.	
Student's Computer N°.		Class / 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			
Campus	Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	KG's <input type="checkbox"/>
			Primary <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
Math	On Level <input type="checkbox"/>	Specials <input type="checkbox"/>	Remarks



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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"/>		
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"/>			

Which languages do you like your child to study as his/her second language?

Please circle one only French Arabic

Has your child previously applied to or attended a school within the SABIS® School Network? Yes No If yes, please state which one

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 No If yes, kindly specify

Does your child suffer from any medical conditions? Yes No

Is your child on regular medication? Yes No

If yes, please explain

Kindly fill in the attached Medical Form

Family Data

1st Guardian (to whom the school reports and other correspondence should be addressed)

Full Name	<input type="text"/>	Nationality / ID	<input type="text"/>
	<small>(First / Middle / Family)</small>	<small>(as per Iqama)</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)

(First / Middle / Family)

Full Name 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

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 #

I confirm all the above details to be correct

Name Signature

Guarantee Form

For School Use

Registration required documents

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. Application Form (Please fill out all the fields and use capital letters for the names)
2. Three recent passport size photographs
3. Copy of birth certificate
4. Copy of vaccination card
5. Applicant Identification
 - a. For Non Saudi Arabian applicants: Copy of renewed resident permit (Iqama)
 - b. For Saudi Arabian applicants: Copy of Saudi family card (front and back sides)
 - c. For Gulf country citizen applicants: passport copy or the country citizenship ID
 - d. Saudi ID card (if mother is Saudi)
6. Copy of student, mother and father passport
7. Sponsor's letter from the sponsor's work place
8. Original school reports from grade one till current grade
9. An attested last report card
 - a. From the Ministry of Education in the country applicants are coming from and the Saudi Embassy, if transferred from outside the Kingdom of Saudi Arabia
 - b. From the Saudi Ministry of Education if transferred from outside Riyadh
10. An attested last term reports if joining mid-year and transferring from outside Riyadh or outside the Kingdom
11. Original ministry approval from the previous school if transferred from a school inside Riyadh
12. "Noor program" print out if transferred from within Riyadh or within the Kingdom
13. Financial clearance from the last attended school if transferred from a school inside Riyadh if transferring from an international school
14. 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: _____

Parent's signature: _____

Office Coordinator's name and signature: _____



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