

# New Sibling Form 2009-2010 (Form 8003)

For Administrative Use

Family Code

Father's Name \_\_\_\_\_ Father's Nationality \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Nationality \_\_\_\_\_

The main contact is:  Father  Mother  Other \_\_\_\_\_

Remarks (Divorce, Death, other): \_\_\_\_\_

*In case of divorce or separation, custody papers are required.*

## STUDENTS INFORMATION

	Student 1	Student 2	Student 3	Student 4	Student 5
First Name					
Nationality					
Female / Male					
Date of Birth					
Religion					
Applying to Grade					
Previous School / City					

## EMERGENCY TREATMENT

PLEASE READ AND SIGN THE FOLLOWING STATEMENT.

I hereby authorize the medical personnel of the International School of Arts & Sciences (ISAS) or any other qualified medical officer to administer emergency treatment and/or first aid treatment that my child/children may need during the course of a normal school day or during any school supervised activity.

Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Kindly list any medical issues/allergies that the school should be aware of.

Student s Name	Grade	Medical Issues / Allergies

Guardian / Parent s Initials & Signature:

If you have any queries, please contact the registrar office, or email us at [registrar@isas.sch.ae](mailto:registrar@isas.sch.ae).  
Visit [www.isas.sch.ae](http://www.isas.sch.ae) for more information about ISAS.

International  
School of  
Arts & Sciences  
an AMSI managed school



# TRANSPORTATION FORM (Form 8004)

For Administrative Use  
 FAMILY CODE

Student Code <small>Admin. use only</small>	Student Name	Grade & Section	To	From	T & F	E1	E2

### DETAILS OF RESIDENCE AND CONTACTS

EMIRATE: \_\_\_\_\_ AREA NAME: \_\_\_\_\_  
 STREET: \_\_\_\_\_ BUILDING/COMPOUND: \_\_\_\_\_ APARTMENT/VILLA NUMBER: \_\_\_\_\_  
 RESIDENCE TEL: \_\_\_\_\_ OFFICE TEL: \_\_\_\_\_ MOBILE TEL: \_\_\_\_\_

**KINDLY USE THIS SPACE TO DRAW A MAP TO YOUR RESIDENCE**

Guardian / Parent s Initials & Signature: