

New Sibling Form 2010-2011 (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.
Visit www.isas.sch.ae for more information about ISAS.

International
School of
Arts & Sciences
an AMSI managed school



TRANSPORTATION FORM (Form 8004)

FAMILY CODE
For Administrative Use

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: