

PARENT(S): Please complete this form and return it to the Admissions Office.



THREE RECENT
PHOTOS
OF CHILD

ADMISSIONS OFFICE

P.O. Box 37304 - Kingdom of Bahrain

Telephone: 973 17 737377 Fax: 973 17912155

E-mail: aliaprimary@aol.com Website: www.aliaschool.com

Physical Address: Building 301 – Road 1111 – Block 611

Al Hamriyah – Kingdom of Bahrain

APPLICATION FOR ADMISSION

Application for admission for the academic year beginning _____ Applying for Grade _____

Desired date of admission _____ Date of Application _____

STUDENT AND PARENT INFORMATION

Student's Name _____
(Please print) Last Middle First Known As

If applicable, please write your child's name in Arabic _____

Home Mailing Address _____
Street/PO Box City Country

Home Telephone _____ Student's CPR No. _____

Passport Number _____
(in which child's Bahraini visa is stamped, if applicable) Male Female Date of Birth _____
month / day / year

Nationality _____ (according to child's passport) Place of Birth _____

Country of Issue _____ Religious preference Moslem Christian Other

First Parent/Guardian's Full Name & Title _____
Last First

Home Address (if different from applicant's home address) _____
Street/PO Box City Country

E-Mail _____ Mobile Number _____

Company _____ Profession _____

Business Telephone _____ Business E-Mail _____

Nationality _____ Language spoken at home _____

Second Parent/Guardian's Full Name & Title _____
Last First

E-Mail _____ Mobile Number _____

Company _____ Profession _____

Business Telephone _____ Business E-Mail _____

Nationality _____ Language spoken at home _____

Villa/Apartment location in Bahrain: Name of compound _____ Road/Avenue No. _____

Gate No. _____ Apt. No. _____ Villa No. _____ **Block No.** _____ Area _____

Parents' Marital Status: Single Married Separated Divorced

Bill Tuition and Fees to: Company Parent

Billing Address _____

Name(s) of applicant's brothers and / or sisters applying for admission or currently attending ANS:

Name	Birth date M/D/Y	Grade	Current School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOUR CHILD'S SCHOOL HISTORY – Please list most recent school first

GRADE SCHOOL	NAME / ADDRESS / TELEPHONE NUMBER / EMAIL OF SCHOOL	CITY / COUNT	TYPE OF CURRICULUM
1.			
2.			
3.			

Describe your child's greatest assets / strengths and areas which may need improvement.

Strengths: _____

Areas for improvement: _____

Has your child ever been recommended for or evaluated in or out of school for possible learning problems?
Yes No If yes, please include details and specific testing information to further assist us.

Has your child ever been recommended for or received remediation for specific learning problems in any of his / her previous schools? Yes No If yes, please indicate details.

Does your child have any special physical, emotion, psychological, or language needs? Yes No
If yes, please explain.

Has your child ever repeated a grade? Yes No If yes, please indicate grade level and a brief explanation.

Describe any physical condition(s) or learning / emotional difficulties that might affect your child's full participation in the ANS program.

Extra-curricular activities your child enjoys _____

Child's language spoken at home _____ Child's language spoken at school _____

My child is fluent in the English language Yes No

How did you hear about our school?

Relative/Friend Online Adverts Newspaper / Magazine Other

Please specify.....

PARENT'S COMMENTS

What special interests does your child exhibit?

Please use this space to provide any additional information about your child that you feel is relevant to this application.

NOTES ABOUT THE ADMISSIONS PROCESS

Final acceptance depends upon a number of criteria as stated in the ANS document entitled "Admissions Process & Policies."

PARENT'S / GUARDIAN'S APPLICATION CHECKLIST



Read Admission Process & Policies	
Complete Application Form	
Attach copy of birth certificate	
Attach copy of child's passport showing nationality and date of birth	
Attach copy of CPR card	
Attach 6 passport size color photographs	
Copy of immunization records or complete ANS immunization form	
Attach most recent and complete academic school reports, and copies of any recent standardized testing	
If applicable, attach related medical or educational psychologist reports including subsequent updated reports	
Complete Treatment / Travel form	
Ministry of Health: Health Report to Schools	
Complete and sign Tuition Authorization form	
Send Kindergarten, or Grades 1-12 Confidential School Report form and Student Record Release Form to your child's present school (or nursery school)	
Within two weeks, check with your child's current school to verify that they have mailed copies of the following forms directly to the ANS Admissions Office: <ul style="list-style-type: none"> - Report cards for current year plus previous three years - Confidential School Report - recent standardized test scores, and any additional school records relevant to your admission application 	
Registration fee for the admissions test of BD50 (cash or check) – due at the time of the admissions exam	

PARENT'S / GUARDIAN'S SIGNATURES

I wish to apply for a place at Alia National School for _____
 (child's name)

I (we) affirm that the information provided in this application form is true and correct to the best of my (our) knowledge. Further, I (we) understand and accept that falsification or deception in any aspect of the application process may result in an immediate review and possible revocation of admission. I have also read and understood the documents entitled "Admissions Process & Policies" and the "Fee Schedule."

 Signature of Parent or Guardian

 Date

Please send the completed application form along with other required documents and application fee to: Admissions Office, Alia National School, P.O. Box 37304, W. Riffa Kingdom of Bahrain, or bring it directly to the ANS Admissions Office Sunday – Thursday between the hours of 0830-1400 hrs.

FOR OFFICIAL USE ONLY

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|---|--|--|
| <input type="checkbox"/> Passport copy | <input type="checkbox"/> Treatment / Travel form | <input type="checkbox"/> Ministry of Health Form |
| <input type="checkbox"/> Passport photos – color (3) | <input type="checkbox"/> Student Record Release form | Date of Entry _____ |
| <input type="checkbox"/> Birth certificate copy | <input type="checkbox"/> Copy of current report card | Accepted to Grade _____ |
| <input type="checkbox"/> 3 years of previous school reports | <input type="checkbox"/> Tuition Authorization form | |
| <input type="checkbox"/> Immunization records | <input type="checkbox"/> Copy of CPR card | |
| <input type="checkbox"/> Confidential School Report | <input type="checkbox"/> Standardized Test Scores | |
| <input type="checkbox"/> Enrollment Contract | | |