2009/2010 Attach For Office Use Only: Photographs Here Applying for academic year: Class level: Applying for academic year ___ Date application form was brought in: ____ Waiting list: Date: Cancelled: Date: Result of assessment: Accepted No Yes Date: 1. Name of Student: ______(First) (Father's) (Family) 4. Religion: _____ (Day) (Month) (Year) 5. Nationality: ______ 6. Parental Passport or I.D. _____ 7. Father Mother Guardian (Relationship to student, if other than parents): Name: (First, Family) Nationality: Religion: Occupation & Place of Work: Home Address: Home Telephone: Business Telephone: Mobile Telephone: Fax Number: E-Mail: Compulsory Please note all school correspondence will be sent by email

8. Parental marital status: Married Separated Separated	Divorced (if so, custody is with:) (Official documentation may be required)				
9. Language most commonly spoken at home:					
Student's first strongest language	Second strongest language				
Other languages					
10. Student's position in the family (i.e. only child: 1/1,	eldest of two: 1/2, second from four: 2/4):				
11. Previous nursery / school attended:	Language of instruction:				
Present class level: Attendance	ce from: to:				
School Address: Telephone Number:					
Fax Number:					
12. Has the student ever skipped a year: Yes If Yes, which one and when (please give details):					
13. Has the student ever been asked to repeat a year: If Yes, which one and when (Please give details): _					
14. Please inform us of any circumstances which may affect your child's schooling e.g. Learning Problems, Behaviour Problems, Dyslexia, Disrupted Schooling (Please include any applicable reports)					
15. Has your child ever been assessed by an Educationa	l Psychologist? Yes				
16. Does your child receive any additional support? If "Yes" to either of the above questions, please give det	Yes				

14. Othe	r Children in the family:					
Nam	e:	Class:	Age:	Current School:		
Nam	e:	Class:	Age:	Current School:		
Nam	e:	Class:	Age:	Current School:		
Nam	e:	Class:	Age:	Current School:		
	the students require bus tran	-	One-way: □	Roundtrip:		
16. In case of an emergency and if the school is unable to contact the parents , please notify: Name: Relationship to student:						
Address: Home Telephone:						
				ne:		
			Mobile Number:			
 17. I hereby apply for the admission of the aforementioned student to the International Academy - Amman. All the information I have provided is true and accurate. I agree: a) that my child and I will abide by and support all the rules, code of conduct and regulation of the school; b) to ensure that my child wears official school uniform; c) To accept all decisions of the school Directors. d) to pay all the school fees and deposits promptly as requested; e) that all school fees are subject to change according to the school's discretion f) and I understand herby that all school fees (application fees, registration fees, supplies, bus fees, tuition fees, lunch fees and other expenses) are non refundable once my child is accepted for the academic year. 						
Please note that applications can take up to 10 working days to process from the date of the entry test.						
Signature of Parent / Guardian:				Date:		

FOR OFFICE USE ONLY:				
ACCEPTANCE: Yes: ☐ No: ☐	Class Level:	Academic Year:		
Assessment Staff Member:	Registrar:	Date:		
Conditions (if any):				
Signature of Parent / Guardian: Date:				
Application Fees: Receipt No.:	Signature of Accounts:			
Date:				
Date of Admission:	Receipt No.:			
Signature of Accounts:				