



## Application Form

Name of the child: .....

Date of Birth (DD/MM/YY): .....

Nationality: .....

Name & nationality of father: ...../.....

Name & nationality of mother: ...../.....

Languages child uses/hears at home: .....

Name and ages of brothers/sisters: 1. ....

2. ....

School(s) they attend: .....

Home address: .....

Home phone: .....

E-mail: .....

Father's occupation & place of work: .....

Mobile: .....

Mother's occupation & place of work: .....

Mobile: .....

Emergency Contact (other than Mother & Father) & relation to child:

.....  
.....



Has child attended pre-school before? .....

Name of school: .....

Please list any known allergies: .....

No medication is administered at school unless listed below:

.....  
.....

Any information relevant to child's welfare that staff should know?

.....  
.....

Expected date child will begin SMALL TALK:

.....

School child will most likely attend of family reside in Cairo  
(CAC/MBIS/NCBIS/MES/BISC/Other):

.....

Please list names of adults allowed to collect child & their role:

.....  
.....  
.....

**N.B. No other person will be allowed to take child without written permission from the parent.**

Date of application: .....

Signature of parent: .....

Registration fees received: .....