

MY LITTLE HOUSE SCHOOL

International Section (MLHS)



British Curriculum

PHOTO

Instructions

All sections of this application MUST be completed in full by the application's parent or legal guardian and returned to the main office. All information MUST be written exactly as it appears on the official documents such as passport or national identity. Fill in the information in BLOCK LETTERS.

SECTION 1

STUDENT INFORMATION

SURNAME

FIRST NAME

FATHER'S NAME

_____ / _____ / _____

Name of applicant in Arabic

اسم التلميذ / التلميذة باللغة العربية (كما في جواز السفر)

اسم العائلة

الاسم الأول

اسم الأب

_____ / _____ / _____

DATE OF BIRTH

COUNTRY OF BIRTH

CITY OF BIRTH

{D/M/Y} _____ / _____ / _____

NATIONALITY

GENDER

RELIGION

_____ ☐ MALE ☐ FEMALE ☐ MUSLIM ☐ NON MUSLIM

PASSPORT NUMBER

ISSUE DATE

EXPIRY DATE

PLACE OF ISSUE

APPLYING FOR YEAR

KS1

☐ YEAR 1

☐ YEAR 2

☐ YEAR 3

KS2

☐ YEAR 4

☐ YEAR 5

☐ YEAR 6

KS3

☐ YEAR 7

☐ YEAR 8

☐ YEAR 9

KS4

☐ YEAR 10

☐ YEAR 11

6th from college

☐ YEAR 12

ENROLLMENT DATE {D/M/Y} _____ / _____ / _____

Al-Maghrabi St., Al-Andalus Dist., Jeddah, Saudi Arabia P.O Box 12086 Z.Code 21473.
www.mylittlehousegroup.com email: my_little_house_2002@yahoo.co.uk or admin@mylittlehousegroup.com
Tel # 02-6652490 /Fax. 02-6695932
Boy's Section - Primary School Tel # 02-6600684 Intermediate & High School - Telfax # 02-6633080

SECTION 2**ACADEMIC HISTORY**

Previous School(s)

School Name	Year Group	Date Completed	Place(Country-City)

Important: All reports MUST be included in the student's file and they have to be authorized by the Ministry of Education.

SECTION 3**FAMILY INFORMATION****FATHER'S INFORMATION**

SURNAME

FIRST NAME

OTHER NAME

_____ / _____ / _____

NATIONALITY

OCCUPATION

ACADEMIC DEGREE

_____ / _____ / _____

Cell Phone

Home Phone

Office Phone

Email Address

Fax

Home Address :

SECTION 3 (Con)

FAMILY INFORMATION

MOTHER'S INFORMATION

SURNAME

FIRST NAME

OTHER NAME

_____ / _____ / _____

NATIONALITY

OCCUPATION

ACADEMIC DEGREE

_____ / _____ / _____

Cell Phone

Home Phone

Office Phone

Email Address

Fax

Mailing Address : (If same address like father, no need to fill in this field)

BROTHERS AND SISTERS

Name	Gender	Date of Birth	Education Degree / School

Emergency Contact Persons

Name	Cell Phone	Home	Relationship

SECTION 4**MEDICAL INFORMATION**

All information in this section is STRICTLY confidential and is for school use only.

MEDICAL INFORMATION (This section MUST be filled by either doctor or parents)

Pupil's Name : _____ Age: _____

Does your son or daughter suffer from any particular health problem(s)/Allergies? ☐YES ☐NO

If yes, please state below:

Does your son or daughter take medicine on regular basis? ☐YES ☐NO

If yes, please specify below:

Medicine

Reason

_____	_____
_____	_____

Has your child undergone any surgery minor/major? ☐YES ☐NO

If yes please specify below?

In case of health emergency, what do you advise school administration to do?

Please state below:

Is your child prone to high temperature or Headache? Elaborate ☐YES ☐NO

Parent's Signature

Date

(It is recommended that provide the school administration with any necessary medical reports about your son)

SECTION 5**SOCIAL & PSYCHOLOGICAL INFORMATION****SOCIAL & PSYCHOLOGICAL INFORMATION**

Does your son or daughter has suffered from or ever experienced any particular social /psychological/physical/mental problem(s)? ☐YES ☐NO

If yes, please state all the information in a separate sheet of paper.