## **APPLICATION FORM**



| (For office use only)      |                                   |             | community control |
|----------------------------|-----------------------------------|-------------|-------------------|
| Date Application Received: | Application fee Received (500AED) | Receipt No: |                   |
|                            |                                   |             |                   |

## To enable this application to be processed, all sections must be completed and all requested documents supplied.

| Family Name (as per passport):            | First name (as per passport):            | Middle Name:     |             |
|---|--|------------------|-------------|
| Nationality: (please state one only)      | Country of Birth:                        | Date of Birth:   |             |
| Gender:                                   | Religion: (please circle one option)     | First Language:  |             |
| Male / Female                             | Muslim / Christian / Other               | Second language: |             |
| Currently studying in: (please circle)    | Applying for Year Group: (please circle) | Duam a and 6     | Stant Data  |
| FS1 FS2 Y1 Y2 Y3 Y4 Y5 Y6                 | FS1 FS2                                  | Proposed S       | start Date: |
| Y7 Y8 Y9 Y10 Y11 Y12 Y13                  | W4 W2 W2 W4 W5 W5                        | Month:           | Year:       |
| Or equivalent:                            | Y1 Y2 Y3 Y4 Y5 Y6                        |                  |             |
| KG1 KG2 G1 G2 G3 G4 G5<br>G6 G7 G8 G9 G10 | Y7 Y8 Y9 Y10 Y11 Y12 Y13                 |                  |             |

| Parent's Details        | *Father / Stepfather / Guard             |   |
|-------------------------|--|---|
|                         | (*Please delete as applicable            | ) (*Please delete as applicable)        |
| Name:                   |  |   |
|                         |  |   |
| Nationality:            |  |   |
|                         |  |   |
| Occupation:             |  |   |
|                         |  |   |
| Company Name:           |  |   |
|                         |  |   |
|                         | Mobile:                                  | Mobile:                                 |
| Contact Details:        |  |   |
|                         | Home:                                    | Home:                                   |
|                         |  |   |
| Fothow's Fracil /slesse |  | Mother's Free! (please use union sees): |
| Father's Email (please  | use upper case).                         | Mother's Email (please use upper case): |
|                         |  |   |
| Current Dubai Home      |  |   |
| Residential Location:   |  |   |
|                         | currently attending Safa?                | YES / NO                                |
| Name:                   | Year:                                    | TES / NO                                |
| Name.                   | real.                                    |   |
| Are you applying for a  | any siblings for Safa?                   | YES / NO                                |
| Name:                   | Year:                                    | 1237 110                                |
| Name:                   | real.                                    |   |
| Hac your child area as  | coived or is your shild surrently ressi  | sing any outra learning cumport?        |
| nas your child ever re  | ceived or is your child currently receiv | ning any extra learning supports        |

| Reports   | Yes | No |
|---|-----|----|
| Speech Therapy  |     |    |
| Occupational Therapy  |     |    |
| Social/emotional/behavioural Therapy                              |     |    |
| Learning Support in school/nursery                                |     |    |
| Do they have an IEP   |     |    |
| Has your child had or been recommended for an ED Psych Assessment |     |    |

If you have answered yes to any of the above statements can you please provide supporting documents

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Date:



| <b>Does your child have any medical condition</b> If yes please give details (attach separate sheet if req   |  | YES  | / NO                                |
|--|--|--|-------------------------------------|
| Details of schools   | Current School or Nursery  | Previous School  |                                     |
| Name of School:  |  |  |                                     |
| Address:   |  |  |                                     |
| Dates attended:  |  |  |                                     |
| Please supply any additional information   | including hobbies and interests here:  |  |                                     |
|  |  |  |                                     |
| Please submit the following documents al   | ong with your application:   |  |                                     |
| 3 passport photographs of your child (1 Ji   | PG format photograph if emailing your app  | ication)   |                                     |
| 1 copy of child's passport   |  |  |                                     |
| 1 copy of your child's most recent full end  | d of year school report and latest mid-term  | report   |                                     |
| Copy of CAT4/GL assessment from previous   | us school (Year 4 and above) or academic e   | quivalent  |                                     |
| NB. If the applicant is successful a Transfe Entry Requirements:   | r/Leaving Certificate must be submitted o  | n the proposed start date.   |                                     |
|  | t must be submitted at time of application.  |  |                                     |
| Incomplete applications will not be  |  |  |                                     |
| <ul> <li>Applicants may undergo an age app</li> </ul>  | propriate assessment.  |  |                                     |
| An interview may be required dependent of the second | _  |  |                                     |
| Admission is at the discretion of the  | e school and any final decision is held with   | the Principal.   |                                     |
| I declare that I am the applicant's parent/lo<br>agree to remain compliant with the Safo<br>information including any learning support<br>that failure to disclose vital information or<br>this application not being processed or the   | fee structure and deadlines for payme<br>inputs my child has received and any med<br>to comply with any of the above may aff | nt. I have provided Safa with<br>lical requirements my child has<br>ect my child's application and c | <u>ALL</u> relevant<br>I understand |
| Name of Parent:  | (please print name)  |  | _                                   |
| Signature:   |  |  |                                     |