

Details of Students						
First Name:	Middle Name:		e:	Last Name:		
Date of Birth: (DD/MM/YY)	f Birth: (DD/MM/YY) Nation		nality:		Gender:	Male
Place of Birth: Religio		on:			□ Female	
CPR Number:		Passport Number:				
Languages Spoken at Home:						
Sibling(s) Name		School they are atte	ending			

Details of Parents/ Guardians				
Father/Guardian				
Family name:	First Name:			
Nationality:	Mobile No:			
CPR Number:	Name of Employer:			
Occupation:				
Work Tel. no:	Email:			
Mother/Guardian				
Family name:	First Name:			
Nationality:	Mobile No:			
CPR Number:	Name of Employer:			
Occupation:				
Work Tel. no:	Email:			

<u>Address</u>					
Flat/Villa/House No:	Building:		Road:	Block:	Block (Area)Name:
Other Emergency Contac	t Name:		Contact Nu	ımber:	
Villa No: 1522, Road No: 2733, Block No: 327, Adliya, Manama, Kingdom of Bahrain,					

PO BOX 26355 Tel: 17715050/17718070, Fax: 17715048,

info@kidzworldkindergarten.com, www.kidzworldkindergarten.com



STUDENT HEALTH AND MEDICAL HISTORY

Has your child had or required treatment for any of the following?

CONDITION	YES	NO	CONDITION	YES	NO
Measles			Hepatitis		
Mumps			Sickle Cell Anaemia		
Fits and / or Convulsions			Haemophilia / Thalacaemia		
Persistent Headaches			Congenital Heart Disease		
Chicken Pox			Bone / Joint Disease		
German Measles / Rubella			Serious Operations / Hospitalisation		
Encephalitis			Meningitis		
Kidney Diseases			Ear Infections		
Poliomyelitis			Strep Throat		
Rheumatic Fever			Tuberculosis		
Scarlet Fever			Whooping Cough		
Seizures			Other		

Student Health Information	
Does your child have any allergy to any medicine, food or products such as penicillin, betadine, peanuts, and egg? Details:	Yes / No
Does your child suffer from any chronic disease such as asthma, diabetes, epilepsy?	Yes / No
Details:	
Does your child have a hearing problem ?	Yes / No
Details:	
Does your child have any vision impairment?	Yes / No
Details:	
Does your child have speech problem/speech delay?	Yes / No
Details:	
Does your child have any motor function impairment?	Yes / No
Details:	
Does your child have any learning disabilities?	Yes / No
Details:	

Immunisation Record

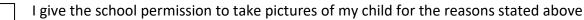
Can you please provide the school with a copy of the immunisation records for your child / children? This is a requirement set by the Ministry of Health and is therefore important that you supply us with the relevant information. If you do not have the original vaccination record, please complete the vaccination report form from the Admin Office and have it certified by your family doctor

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Photo/Image Consent

Please be advised that your child may be photographed during the course of the school year. These photos and images will be used in the class, school display boards, facebook, Instagram, and our website.



I **DO NOT** give the school permission to take pictures of my child for the reasons stated above

Signature of Parent or Legal Guardian_____

Date: _____

PARENT OR GUARDIAN SIGNATURE

I (we) the undersigned can confirm that I (we) have provided all the relevant information in this application form and process, and it is accurate and true to the best of my (our) knowledge at the time of completing the form.

Signature of Parent (Guardian):	Date:

Document Check List

It is important that the application form is completed as most of the information is a requirement of the Ministry of Education. It is also essential that the following information and documentation is included with the application form.

A copy of your child's passport	2 recent passport sized photographs
A copy of your child's CPR	Copy of child's Immunisation record/
A copy of your child's Birth Certificate	School's Vaccination Record Form
A copy of parents' CPR	Nonrefundable Registration Fee BD 100/-

FOR OFFICE USE ONLY			
RECEIPT NUMBER	STUDENT ENTRY DATE		
ACCEPTED FOR YEAR GROUP	STUDENT ID NUMBER		



Student Information Form

Child's Name: _____

NO EXTRA CHARGE – Please choose one

- French (Reception and Year 1 only)
- Quran (Reception and Year 1 only)



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