



# GREEN VALLEY SCHOOL

## IGCSE Division



### The following documents are needed:

1. Application form.
2. Original birth certificate.
3. Original school records for the last year.
4. Recommendation letter from previous school
5. (6) Personal passport size photographs.
6. Medical Form (attached).

### المستندات المطلوبة:

1. طلب التحاق .
2. شهادة ميلاد أصلية (رقم قومي).
3. اصل الشهادات الدراسية للسنة السابقة أو بيان درجات معتمد.
4. شهادة توصية من المدرسة القادم منها الطالب.
5. عدد (6) صورة شخصية.
6. استكمال نموذج البيانات الصحية (مرفق).



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## Application Form

Applying for academic year: .....

Grade level: 9/10/ 11/ 12: .....

1. Name of Student:

.....

First

Father

Family

2. Sex: Male/ Female .....

3. Date of Birth:

.....

Day

Month

Year

4. Nationality: .....

5. Religion: .....

6. Name of Father:

.....

First

Father

Family

7. Occupation & Place of Work:

.....

8. Home Address:

.....

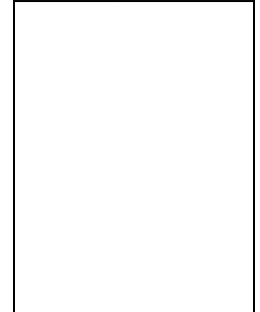
9. Home Telephone: .....

10. Business Telephone: .....

11. Mobile Telephone: .....

12. Fax Number: .....

13. E-Mail: .....





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14. Name of Mother:

.....

First

Father

Family

15. Occupation & Place of Work: .....

.....

16. Home Address:

.....

.....

17. Home Telephone:

.....

18. Business Telephone:

.....

19. Mobile Telephone:

.....

20. Fax Number:

.....

21. E-Mail:

.....

Parental Marital Status: Married/ Separated/ Divorced .....

22. If divorced, custody is with:

.....

23. Language most commonly spoken at home: .....,.....

24. Student's position in the family: .....

25. Previous School attended: .....

Language of instruction: .....

26. Other children in the family currently enrolled in GVS:

Name: .....

Relationship to applicant: .....

Stage: .....



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27. Will the student require bus: Yes/ No .....

28. In case of emergency and if the school is unable to contact the parents, please

Name: .....

Relationship to student: .....

Address: .....

Home Telephone: .....

Business Telephone: .....

Mobile Number:.....



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### MEDICAL FORM

NAME .....  
(FIRST) (FATHER) (FAMILY)

DATE OF BIRTH .....  
DAY / MONTH / YEAR

ADDRESS .....

TELEPHONE.....

PERSON TO CONTACT IN CASE OF EMERGENCY (IF PARENTS ARE UNAVAILABLE)

.....

ADDRESS.....

TELEPHONE.....

ANY CURRENT / RECENT ILLNESS.....

RECENT IMMUNIZATIONS AND DATES .....  
.....  
.....

CURRENT MEDICATION .....

ANY ALLERGIES .....

FAMILY HISTORY.....  
.....

I HEREBY GIVE PERMISSION TO THE SCHOOL DOCTOR TO ADMINISTOR MEDICAMENTS TO MY CHILD WHEN AND IF NECESSARY TO ACT AND ADMINISTR FRIST AID, AND TO ACT IN CASUALTIES AND EMERGENCIES INCLUDING ADMITTANCE TO HOSPITAL IN CASE OF EMERGENCY.

PARENTS SIGNATURE ..... DATE.....

CLASS OF ATTENDANCE.....



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*\* I hereby apply for the admission of the fore mentioned student to Green Valley School (IGCSE). All the information I have provided is true and accurate.*

*\* I agree:*

- *That my child and I will abide by and support all the rules, code of conduct and regulations of the school.*
- *To pay all the school fees promptly as requested.*
- *To ensure that my child wears the official school uniform.*
- *To accept all decisions of the school directors.*

*Signature of parent/ guardian:*

.....

*Date:* ..... / ..... / .....

## For School Use Only

Applications Number: .....

Applying for academic year: .....

Grade level: 10/ 11/ 12 .....

Date application form was brought in: .....

Admission Exams and Interview

Personal Interview by: .....

Exam (Applying for Grade 9 and 10):

English: .....

Mathematics: .....

Recommendation: .....

Checked by: .....

Comment: .....

Head of IGCSE Division

Accepted: ..... Date: .....

Not accepted: ..... Date: .....

Waiting list: ..... Date: .....

Cancelled: ..... Date: .....

Confirmed by: .....



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## APPLICATION FOR TRANSPORT

STUDENT NAME ..... CLASS.....

BROTHER (S) / SISTER (S) IN THE SCHOOL 1-.....  
2-.....

ADDRESS.....  
.....  
.....  
.....  
.....

العنوان:

WILL THIS PUPIL REQUIRE BUS TRANSPORTATION?

YES      NO      ONE WAY      ROUNDTrip

(PLEASE INDICATE)

HOME TELEPHONE.....

BUSINESS TELEPHONE.....

PLEASE DRAW AN EXACT MAP BELOW SHOWING YOUR HOME ADDRESS OR WHERE YOU WISH YOUR CHILD / CHILDREN TO BE COLLECTED AND RETURNED EVERY SCHOOL DAY.

FOR OFFICE USE ONLY

AREA ..... BUS NUMBER.....



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### This Page for Applicant

Academic Year: ..... / .....

Applications Number: .....

Students Name: .....

Grade Level: 9/ 10 / 11 / 12 .....

Date application form was brought in: ..... / ..... / .....

### **Admission Exams and Interview**

Date of Personal Interview: ..... / ..... / .....

Date of Entrance Exam (Applying for Grade 9 and 10): ..... / ..... / .....

Signature:

School Stamp