



MIND MASTER ACADEMY EDUCATION W.L.L

مايند ماستر اكاڊيمي التعليمي ذ.م.م

APPLICATION FORM FOR KG-2

Passport
Size
Photo

PERSONAL INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME			
GENDER	NATIONALITY	BLOOD GROUP	DATE OF BIRTH	DD	MM	YEAR	

PARENTS INFORMATION

INFORMATIONS	FATHER	MOTHER
NAME		
OCCUPATION		
COMPANY		
MOBILE NO:		
WHATS APP NO:		
LANDLINE NO:		
E-mail ID:		

RESIDENTIAL DETAILS:

AREA NAME		ZONE NO:	
STREET NO		BUILDING NO:	

Pick-Up Time

Please fill out the following details regarding any individuals you authorize to pick up your child apart from his parents/guardians.

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone #: _____ Phone #: _____

Medical Record:

Does your child suffer from any of the following? Please elaborate including medications needed if your answer is YES.

Allergies: _____

Asthama: _____

Diabetes: _____

Heart disease: _____

Regular medication: _____

Other: _____

Please note that if any regular medicine is to be given to your child; needs to be handed over to the nursery Nurse in the morning and picked up from the Nurse when picking up your child, unless you wish to keep extra medicine with our Nurse. Please also make sure that you write your child's name, instructions, required dosage and desired time of administration clearly.

Miscellaneous Waivers

Activities & Equipment

- I would like my child to participate in all activities and use all the equipment available at MIND MASTER ACADEMY
- I would not like my child to participate in all activities and use all the equipment available at MIND MASTER ACADEMY

Photos

- I give MIND MASTER ACADEMY, the permission to use my child's artwork for the followings:
 Advertising material Website Magazine Newspaper Newsletter
- I do not give MIND MASTER ACADEMY, the permission to use my child's photos and artwork

➤ DO YOU REQUIRE TRANSPORTATION? YES/NO

ONE WAY		TWO WAY		CONTACT NO:	
---------	--	---------	--	-------------	--

➤ MENTION THE AREA:

I would like to take admission in MIND MASTER ACADEMY. I have read the rules and regulations of the Institution mentioned in the leaf letter. I agree to abide by the same. My particulars are given below.

Attached copies of QID of parent/guardian	
Attached copy of QID of the student	
Attached copy of medical card of the student	

NAME

SIGNATURE

DATE