



MIND MASTER ACADEMY EDUCATION W.L.L

مايند ماستر اكاڊمي التعليمي ذ.م.م

SCHOOL'S OUT CARE APPLICATION FORM

Passport Size
Photo

PERSONAL INFORMATION

FIRST NAME			MIDDLE NAME			LAST NAME											
NAME OF THE SCHOOL						CLASS											
GENDER		NATIONALITY			BLOOD GROUP			STUDENT MOBILE NO:									
DATE OF BIRTH	DD	MM	YEAR	QID													

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:	

SCHOOL TRANSPORTATION INFORMATION

NAME OF THE SCHOOL		BUS NO:	
NAME OF THE DRIVER		CONTACT NO:	
PICKING TIME IN THE MORNING		DROPPING TIME	

WHAT DO YOU EXPECT FROM MIND MASTER ACADEMY

SCHOOL'S OUT PROGRAMME	HELPING TO DO HOMEWORKS	LEARNING NEW SKILLS	IMPROVEMENT IN BEHAVIOR	PERSONALITY TRAINING PROGRAMMES	TUITION FOR SUBJECTS
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CHILD CARE FACILITIES REQUIRED:

MEALS /SNACKS	INDOOR-OUTDOOR PHYSICAL ACTIVITIES	SLEEPING	CHANGE OF UNIFORMS	HOME WORKS	TUITION
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ANY SPECIFIC MEDICAL CONDITION NEEDS TO BE NOTICED:

EMERGENCY CONTACT:

ACADEMIC COACHING DETAILS

➤ COACHING REQUIRED AREAS

MATHEMATICS		PHYSICS		CHEMISTRY		BIOLOGY	
ENGLISH		ACCOUNTANCY					

OPTIONAL LANGUAGES	MALAYALAM	
	HINDI	
	ARABIC	

➤ PREFERABLE TIMING FOR TUITION:

MORNING		AFTERNOON		EVENING	
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➤ DO YOU REQUIRE TRANSPORTATION? YES/NO

ONE WAY		TWO WAY		CONTACT NO:	
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➤ 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

For office use only

Application for the year -----/-----

Registration No: _____

Comments:

Date:

Fee: QR-