



STUDENT APPLICATION FORM – MBZ City Campus

Please schedule an appointment for an interview with the Admissions Office, and submit this form with all the required documents. The applicant must attend this interview.

For Office Use Only

App Number:	
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I. STUDENT PERSONAL INFORMATION

Applicant Name: As it appears in the passport			
Date of Birth: DD/MM/YYYY			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:	Religion:	

II. APPLICATION INFORMATION

The applicant is applying to which grade level?			
If the applicant is applying to Grades 9–11, please select the program of choice.	<input type="checkbox"/> American <input type="checkbox"/> British <input type="checkbox"/> IB		
If the applicant is a Non-Arab passport holder, please select the course of choice.	<input type="checkbox"/> Arabic & Islamic/Ethics for Arabs <input type="checkbox"/> Arabic & Islamic/Ethics for Non-Arabs		
Does the applicant have siblings currently enrolled at AIS?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please provide the name of one sibling only Name:			
Grade:	Account Number:		

Does the applicant require special needs education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	

III. EDUCATION

Present School Name	City & Country	Years Attended YYYY–YYYY	Grade Completed

IV. PARENTS' INFORMATION

What is the parents' marital status?	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
With whom does the child reside?	<input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian			
	Father's Information		Mother's Information	
Name:				
Nationality:				
Employer:				
Work Telephone:				
Mobile Number:				
Email: (all capital letters)				

* All phone numbers provided must be UAE numbers.

V. STUDENT EDUCATIONAL HISTORY

- A. Has your child ever repeated a grade level? Yes No
- B. Has your child ever been referred to an administrator/counselor for behavioral reasons? Yes No
- C. Has your child ever been placed on probation, suspended or expelled from school? Yes No
- D. Has your child ever been assessed for a learning difficulty/disability? Yes No
- E. Has your child ever been diagnosed with a learning difficulty/disability? Yes No
- F. Does your child take any medication or require any aides to support in his/her learning? Yes No
- G. Has your child received any of the following support services?
 - a. Academic remedial sessions Yes No
 - b. Counseling Yes No
 - c. Physical Therapy Yes No
 - d. Occupational Therapy Yes No
 - e. Behavioral Therapy Yes No
 - f. Speech Therapy Yes No
 - g. Hearing Program Yes No
 - h. Vision Program Yes No
 - i. Learning Disability Program Yes No
 - j. Gifted & Talented Program Yes No
 - k. Other health conditions Yes No

If you answered 'yes' to any of the above, please provide details and treatments if any: _____

VI. STUDENT HEALTH INFORMATION

- A. Does your child have any of the following health problems? If yes, please provide details and treatments if any, and a medical report.
 - a. Allergies to food Yes No
 - b. Allergies to medication Yes No
 - c. Physical disabilities Yes No
 - d. Hearing difficulties Yes No
 - e. Brain and nerve conditions (e.g., seizures and headaches) Yes No
 - f. Ear, nose and throat conditions (e.g., frequent infections) Yes No
 - g. Blood disorders Yes No
 - h. Breathing and chest disorders (e.g., asthma or previous pneumonia) Yes No
 - i. Heart conditions Yes No
 - j. Abdominal disorders Yes No
 - k. Diabetes and hormonal disorders Yes No
 - l. Kidney/Urinary disorders Yes No
 - m. Emotional disorders (e.g., anxiety attacks) Yes No
 - n. Joint, spine and extremity disorders Yes No
 - o. Previous hospitalizations Yes No
 - p. Previous infections (e.g., tuberculosis, measles, mumps, and hepatitis) Yes No

If you answered 'yes' to any of the above, please provide details and treatments if any: _____

- B. Is your child on any regular medication? If yes, please provide details below. Yes No

Medication	Dosage	Time of Administration

I hereby attest that I have personally completed this application and that the information provided is true and accurate. I also understand that failure to provide complete and accurate information about my child may result in the withdrawal of my child's application or cancellation of enrollment at AIS.

Parent/Guardian Signature: _____

Date: _____

Please attach the applicant's (1) Copy of Birth Certificate, (2) Copy of Emirates ID, (3) Latest Report Card, and (4) Student Recommendation Form in an officially sealed envelope stamped by the applicant's current school, (5) Registration fee.