



STUDENT APPLICATION FORM 2025/26 MBZ Campus

For Office Use Only
App. Number:

I. STUDENT PERSONAL INFORMATION

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

II. APPLICATION INFORMATION

The applicant is applying to which grade level in the American Program?		
If the applicant is applying to Grade 11, please select the program of choice.		<input type="checkbox"/> American <input type="checkbox"/> AP <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
<i>If yes, provide the account number</i>	Account Number:	

Has the applicant been previously enrolled at AIS?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, in which Campus?</i> <input type="checkbox"/> MBZ Campus <input type="checkbox"/> AD Campus		Academic Year:

Does the applicant require special needs services?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please provide details:</i>		
Does the applicant require school bus services?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please submit the bus application form to Transport department.</i>		

III. EDUCATION

Current School Name	Country	Years Attended YYYY-YYYY	Grade Completed	Curriculum

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	Legal Guardian Information	
Name:				
Nationality:				
Employer:				
Work Telephone:				
Mobile Number:				
Email: <i>(all capital letters)</i>				

* All phone numbers provided must be UAE numbers.

V. STUDENT EDUCATIONAL HISTORY				NO	YES
1. Has your child ever repeated a grade level?					
2. Has your child ever been referred to an administrator/counselor for behavioral reasons?					
3. Has your child ever been placed on probation, suspended or expelled from school?					
4. Has your child ever been assessed for a learning difficulty/disability?					
5. Has your child ever been assessed or diagnosed with a learning difficulty/disability?					
6. Does your child take any medication or require any aides to support in his/her learning?					
7. Has your child received any of the following support services?					
	NO	YES		NO	YES
a. Academic remedial sessions			f. Hearing Program		
b. Counseling			g. Vision Program		
c. Occupational Therapy			h. Learning Disability Program		
d. Behavioral Therapy			i. Gifted & Talented Program		
e. Speech Therapy					
<i>If you answered 'yes' to any of a-i, please provide and disclose all known information regarding your child's needs as well as submit any relevant documentation (e.g., clinical assessment reports, medical reports, treatments and therapies).</i>					

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.

Health Information	NO	YES	<i>If yes, please provide details and treatments if any, and attach a medical report.</i>
Allergies to food			
Allergies to medication			
Chronic respiratory disease (e.g., asthma)			
Diabetes			
Hypertension			
Autoimmune disease			
Cardiac disease / Heart conditions			
Kidney/Urinary disorder			
Liver disorder			
Haematological (blood) disorder			
Physical disabilities			
Vision impairment			
Hearing impairment			
Brain and nerve conditions (e.g., seizures and headaches)			
Emotional disorder (e.g., anxiety attacks)			
Joint, spine and extremity disorders			
Previous infections (e.g., tuberculosis, measles, mumps, hepatitis)			

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: _____



Parent Consent Form MBZ Campus

Establishing strong home-school partnerships has a critical role in the learning and development of your child. Such partnerships primarily require the engagement of you as parents in your child's education and your active involvement in achieving school expectations.

Therefore, we kindly ask you to carefully read, understand and apply all the school rules and regulations, and to collaborate with the school administration and staff in supporting your child's learning and development. Particularly, we kindly request that you support us by ensuring that your child:

1. Arrives to school on time for the National Anthem and maintains a good attendance record.
2. Comes to school at all times wearing the proper school uniform and the AIS Student ID.
3. Comes to school prepared for learning (i.e., has all learning materials and has completed assignments)
4. Understands and applies the school's code of conduct at all times.
5. Understands and applies the rule that mobile phones are strictly prohibited to be used on school campus.
6. Understands and applies the school transportation bus rules and regulations.

Please sign below indicating that you agree to share the responsibility with the school to ensure that your child applies all school rules and regulations. Your consent will apply to all your children until the end of their enrollment in the school.

I have carefully read, understood and will apply all school rules and regulations, including all those stated in the Student/Parent Handbook. I also understand that my children must meet school expectations in all areas—including attendance, promptness, dress code, and discipline—in order to maintain their enrollment in the school.

I will pay all published fees applicable for the academic year and complete all financial payments in due time and ensure that my school account has no outstanding payments.

I accept that the school posts photos of my child on the school newsletter, website or official social media accounts.

I agree to wear the school Parent Access ID Card every time I enter the school gates and while I am on school grounds.

In case it is deemed necessary by the school that my child requires support services, I will fully cooperate with the school by agreeing to the required interventions, assessments and financial charges to ensure the provision of the required services and my child's enrollment in the school.

I understand that I should discuss any concerns I have with the school administration or the School Principal before reporting the concern to an external entity.

Parent/Guardian Name:	Account Number:
Parent Signature:	Date: