



MSK Application for Admission

A. CHILD'S INFORMATION	
Name of child: <i>(as shown on Passport)</i> _____ <i>(Last Name) (First Name) (Second Name)</i> Nationality: _____ Date of Birth: _____ Age: _____ <i>(Day/Month/Year)</i> Place of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Civil ID #: _____
B. FAMILY BACKGROUND	
Name of Father: _____ Home Address: _____ _____ Occupation: _____ Office Address: _____	Mobile #: _____ Telephone #: _____ Telephone #: _____
Name of Mother: _____ Home Address: _____ _____ Occupation: _____ Office Address: _____	Mobile #: _____ Telephone #: _____ Telephone #: _____
Name of Guardian: _____ Home Address: _____ _____ Occupation: _____ Office Address: _____	Mobile #: _____ Telephone #: _____ Telephone #: _____
Emergency Contact – when not able to reach parent – this person will be called Name: _____ Mobile: _____ Relationship to your child: _____	

C. Previous School Attendance

	Dates	Name of School	Grade/School Year	Comments
Current School				
Prior School				
Prior School				
Prior School				

D. Health Information

a. Please describe your child's general health, including allergies, asthma, etc.

b. Is your child taking medications? If so, please explain.

c. Has your child been diagnosed as having special needs? Yes No

d. Who did the diagnosis? When and where did this take place? Please attach report.

e. Is your child toilet trained? Yes No

If there is no detailed assessment information available, a detailed report is needed from one of these sources:

1. The Center for Child Evaluation and Teaching Tel.: 2535-3681/2
2. Dr. Fatma Al-Awadhi Medical Center Tel.: 2564-1234/111
3. Dr. Abeer Awad Clinic Tel.: 2572-8833
4. Soor Center Tel.: 22901677

e. What follow-up services has your child received?

Please give the name and address of the child's regular doctor, pediatrician or clinic.

Telephone #: _____

E. GENERAL INFORMATION

a. How did you learn about Manarat School – Kuwait?

b. Why have you decided to bring your child to our school?

c. What are your long term goals for your child?

F. APPLICATION DOCUMENTS TO BE SUBMITTED

See attached list of documents

I understand that acceptance and continued enrollment to Manarat School- Kuwait is subject to adherence to the specifics as listed in the document Continued Enrollment Agreement. I further understand that the school's decision is final. I verify that all information on this application is true and accurate.

Your signature below gives us the necessary permission to contact your child's previous school and/or to contact your child's physician to ask for assessments and medical diagnoses.

A Registration Fee of KD 100 must accompany this application. This fee is refundable by the Public Authority of the Disabled.

Signature of Parent: _____ Telephone #: _____

Signature of Parent: _____ Telephone #: _____

Date: _____