



# International School of Oman

المدرسة العمارة العالمية  
مسقط

## Student Application Form

FOR SCHOOL USE ONLY

<b>Name:</b> _____	
<b>RECENT PHOTOGRAPH</b> (Please attach two recent photos in addition)	Tested On <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	May register for: <input type="text"/> <input type="text"/> Provisional class Final decision
Signature: _____	
Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Computer No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	
Status of application:	
Preliminary <input type="checkbox"/>	
Accepted/ <input type="checkbox"/>	
Tested/ <input type="checkbox"/>	
Result out/ <input type="checkbox"/>	
Summer school <input type="checkbox"/>	
/specialMath <input type="checkbox"/>	
/special English <input type="checkbox"/>	
Registration No: _____	
Fees %: _____	
Fees paid: _____	
Date: _____	
Accountant's signature _____	
2 <sup>nd</sup> Language: <input type="checkbox"/> Arabic <input type="checkbox"/> French	
Parents informed: Date : _____ By: _____	
Contact: _____ Medium: _____	

### Requested Documents

1) Application Form filled in?	<input type="checkbox"/>	(certified and stamped)
2) 6 passport photographs	<input type="checkbox"/>	
3) The medical Form	<input type="checkbox"/>	
4) ID & Passport photocopy	<input type="checkbox"/>	
5) Guardian's Passport Photocopy	<input type="checkbox"/>	
6) Original ID & Passport seen	<input type="checkbox"/>	
7) Previous School Latest Report	<input type="checkbox"/>	
8) Previous School transcript	<input type="checkbox"/>	
9) Accountant Guarantee Form	<input type="checkbox"/>	
10) Diagnostic Tests	<input type="checkbox"/>	
11) House Map	<input type="checkbox"/>	



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Please fill in completely

Date of application:	<input type="text"/> / <input type="text"/> / <input type="text"/>	For the academic year	<input type="text"/> / <input type="text"/>
Applying to grade _____			
Name:	_____	_____	_____
	Student's first name	Father's name	Grandfather's name
			Family name

Nationality:	_____	Passport / National No:	<input type="text"/>
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Place of birth:	_____
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Language at home:	_____
Religion:	<input type="checkbox"/> Moslem <input type="checkbox"/> Christian <input type="checkbox"/> Others	Other language:	_____

**How did you know about our school ?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tick if appropriate / if yes

<input type="checkbox"/> Requires school transport	<input type="checkbox"/> Map attached?	<input type="checkbox"/> School hot lunch required	(Transport and lunch are optional with extra fees).
Previous School:	_____	Country:	_____
Class:	_____	Year	_____
		<input type="checkbox"/> Medical problems	Please complete the attached medical form.
Brothers / sisters: (names & ages please )			
Brothers names	Age	Sisters names	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Has your child ever applied to or attended a school within the EDUGATES® School Network before?			



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## \* Name of the guardian to whom school reports and other correspondence should be addressed:

1	(Dr./Mr./Mrs.) _____	Relationship to student: _____	
	Company name: _____	Occupation: _____	
	Business Address _____	Home Address: _____	
	Mailing Address _____	E-mail: _____	
	_____	_____	_____
Office Tel	Home Tel	Mobile No.	Fax No.

2	(Dr./Mr./Mrs.) _____	Relationship to student: _____	
	Company name: _____	Occupation: _____	
	Business Address _____	Home Address: _____	
	Mailing Address _____	E-mail: _____	
	_____	_____	_____
Office Tel	Home Tel	Mobile No.	Fax No.

## \* Information about (Bursary /Government Subsidy)

1. Guardian's Name : \_\_\_\_\_

(The person officially entitled for the government Subsidy or Bursary)

2. Relationship to the student : \_\_\_\_\_

3. The Official body which will pay : \_\_\_\_\_

Local government  National government  company

### Please tick as appropriate:

1. The subsidy has never been claimed before .
2. The subsidy has been paid before to previous school.
3. Student arrived from abroad recently.

Name: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_