



# International Academy of Kuwait

**PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM**

This registration form is a legal document. Before a student can be registered by a school, this form must be completed in its entirety and signed by the parent or legal guardian.

## STUDENT INFORMATION

|  |  |       |  |          |  |  |       |                             |   |                        |  |
|--|--|-------|--|----------|--|--|-------|-----------------------------|---|------------------------|--|
| Student's First Name   |  |       |  |          |  | Languages Spoken at home               |       |                             |   |                        |  |
| Student's Last Name  |  |       |  |          |  | Year Applying for                      |       |                             |   |                        |  |
| Student's Middle Name  |  |       |  |          |  | Date of Birth                          |       |                             | <input type="checkbox"/> Male           |                        |  |
|  |  |       |  |          |  | Day                                    | Month | Year                        | <input type="checkbox"/> Female         |                        |  |
| Student's Full Name (Arabic)   |  |       |  |          |  |  |       |                             |   |                        |  |
| Student's Civil ID   |  |       |  |          |  | Expiry Date                            |       |                             |   |                        |  |
|  |  |       |  |          |  | Day                                    | Month | Year                        |   |                        |  |
| Student's Residence  |  |       |  |          |  |  |       |                             |   |                        |  |
| Area   |  | Block |  | ST       |  | Flat                                   |       |                             |   |                        |  |
| Mobile Phone (SMS)   |  |       |  | Religion |  | Place of Birth                         |       |                             | Nationality                             |                        |  |
|  |  |       |  |          |  |  |       |                             |   |                        |  |
| Previous School (if applicable)  |  |       |  |          |  | <input type="checkbox"/> Inside Kuwait |       |                             | <input type="checkbox"/> Outside Kuwait |                        |  |
| Are there siblings applying to IAK   |  |       |  |          |  | <input type="checkbox"/> Yes           |       | <input type="checkbox"/> No |   | (If Yes) Which Class/s |  |
| Last three schools attended (if applicable)  |  |       |  |          |  |  |       |                             |   |                        |  |
| 1  |  |       |  |          |  |  |       |                             |   |                        |  |
| 2  |  |       |  |          |  |  |       |                             |   |                        |  |
| 3  |  |       |  |          |  |  |       |                             |   |                        |  |
| If the applicant has brothers and sisters already registered at the school, please give their details  |  |       |  |          |  |  |       |                             |   |                        |  |
| Name   |  |       |  |          |  | Class                                  |       |                             |   |                        |  |
| 1  |  |       |  |          |  |  |       |                             |   |                        |  |
| 2  |  |       |  |          |  |  |       |                             |   |                        |  |
| 3  |  |       |  |          |  |  |       |                             |   |                        |  |
| <b>Student Health</b> : Please tick if your child suffers from any of the following  |  |       |  |          |  |  |       |                             |   |                        |  |
| <input type="checkbox"/> Blood Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergy <input type="checkbox"/> Mumps <input type="checkbox"/> Asthma <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Cardiac |  |       |  |          |  |  |       |                             |   |                        |  |
| If you ticked any of the above, please provide details and medical reports   |  |       |  |          |  |  |       |                             |   |                        |  |
| Does the candidate have any learning needs requiring special support or recommended for? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> NO  |  |       |  |          |  |  |       |                             |   |                        |  |
| If yes, please specify the type and length of these service/s  |  |       |  |          |  |  |       |                             |   |                        |  |

