 ENROLMENT APPLICATION

CAIRO ENGLISH SCHOOL

MIRAGE CITY, NEW CAIRO, EGYPT

TEL: +202 2249 0200 FAX: +202 2409 1625

Email: [registrar@cesegypt.com](mailto:registrar@cesegypt.com)

To be filled in CAPITAL letters where applicable

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student No: Student Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Names |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Family Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Of Birth | **/ /** | | | | | | | | | | | | | | Place of Birth |  | | | | | | | | | | | | | | |
| Male/Female |  | | | | | | | | | | | | | | Passport/Birth Cert. Number |  | | | | | | | | | | | | | | |
| Citizenship |  | | | | | | | | | | | | | | Religion |  | | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Parent Information** | **Father** | **Mother** |
| Full Name (F/M/L) |  |  |
| Citizenship |  |  |
| Religion |  |  |
| Occupation |  |  |
| Company’s Name |  |  |
| Company’s Contacts |  |  |
| Education/Degree |  |  |
| Education Institution |  |  |
| Business Phone |  |  |
| Mobile Phone |  |  |
| Home Phone |  |  |
| Email |  |  |
| Do you speak English? | **Fluently Reasonably well Not well** | **Fluently Reasonably well Not well** |
| How often do you read your e-mails? | daily weekly monthly | daily weekly monthly |
| Parental marital status | married separated divorced if so, custody with......................... | |
| Home Address |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Brothers and Sisters** | | | |
|  | Name | School | Date of Birth |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Emergency Contact (if parents are not available) | |  | | Relationship | |  |
| Phone Numbers |  | |  | |  | |

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| ACADEMIC HISTORY | | School/Nursery and Country - applicants for FS1 & FS2 | | | | School Website | | | Years Attended | | | | |
| Current School | |  | | | |  | | |  | | | | |
| Previous Schools | |  | | | |  | | |  | | | | |
|  | | | |  | | |  | | | | |
| **Applying for Admission**  **to Year/Grade:** | | | **For the Academic Year:** | | | **Term** | | | | | | | |
| 1 | | 2 | | | | | 3 |
| Has he/she any special medical conditions? | | | YES / NO | | | | | | | | | | |
| If ‘YES’ please give details. | | |  | | | | | | | | | | |
| Has he/she ever received services for learning disorders/special assistance? | | | YES / NO | | If ‘YES’ which Year? | | | | | |  | | |
| If ‘Yes’ please give details. | | |  | | | | | | | | | | |
| Has he/ she ever been identified as being gifted or talented? | | | YES / NO | | | | | | | | | | |
| Have you ever applied to CES before? | | | YES / NO | | | If ‘YES’ which Year? | | | | | |  | |
| Has he/she ever repeated a Year? | | | YES / NO | | | If ‘YES’ which Year? | | | | | |  | |
| Has he/she ever skipped a Year? | | | YES / NO | | | If ‘YES’ which Year? | | | | | |  | |
| Language most commonly spoken at home | | | English Arabic Other …….. | | | | | | | | | | |
| Will the student require bus transportation? | | | Yes No Not decided yet | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Does the student live with: | Both parents YES/NO | | | Mother  YES/NO | | | Father  YES/NO | | | Guardian  YES/NO | | | |
| Name of Guardian if relevant | | | |  | | | | | | | | | |
| Telephone Nos | Home | | | | | | Mobile | | | | | | |
| E-mail address |  | | | | | | | | | | | | |

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| --- |
| You may publish our Address/Tel No. in the ‘CES Telephone Directory’. YES/NO |
| You may publish our E-mail Address in the ‘CES Telephone Directory’. YES/NO |
| Photographs of my child may be used on the CES Website or advertising. YES/NO |

I hereby apply for admission of my son/daughter to the Cairo English School in Egypt and agree that my child will abide by all of the rules and regulations of the school.

I accept that the school reserves all rights not to disclose reasons in case of refusal of admission.

### I certify that the above information is accurate and correct to the best of my knowledge.

### Tuition fees can be paid in four instalments and must be paid prior to the start of each of the three terms.

No student will be admitted to classes on the first day of the academic year/term without settlement of all due fees.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Signature: |  | | Date: | |  | | |
| **For School Use Only** | | | | | | | | |
| Arabic Documents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Accepted H/Admissions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Accepted LS/US \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Accepted into Year | |  | | Academic Year | Start Date | |
| Photographs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School Records \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Birth Certificate/Passport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School Reports \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Registration Fee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Probation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bus Form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Entered on database \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |