



Date of Application: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Student information:**

(As it appears on birth certificate)








Student national ID: \_\_\_\_\_

Home phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Permanent Home address: \_\_\_\_\_

District: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Date of birth: day: \_\_\_\_\_ month: \_\_\_\_\_ year: \_\_\_\_\_

Nationality: \_\_\_\_\_

Secondary nationality (if any): \_\_\_\_\_

Passport number: \_\_\_\_\_

Religion: \_\_\_\_\_

**Previous schools of applicant:**

Name of School	Dates		
_____	from _____	to _____	_____
_____	from _____	to _____	_____
_____	from _____	to _____	_____
_____	from _____	to _____	_____

Final Year grade: \_\_\_\_\_

**Parent's information:**

**Father**

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

Senior school: \_\_\_\_\_

University and degree: \_\_\_\_\_

Current profession: \_\_\_\_\_

Current Business address: \_\_\_\_\_

Office phone number(s): \_\_\_\_\_ Mobile: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Social or sports clubs: \_\_\_\_\_

Membership commencement: \_\_\_\_\_

**Mother**

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

Senior school: \_\_\_\_\_

University and degree: \_\_\_\_\_

Current profession: \_\_\_\_\_

Current Business address: \_\_\_\_\_

Office phone number(s): \_\_\_\_\_ Mobile: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Social or sports clubs: \_\_\_\_\_

Membership commencement: \_\_\_\_\_

**Family information:**

	Age	School Name
Number of brother(s) : _____	_____	_____
Number of sisters(s) : _____	_____	_____
	_____	_____

Parent's marital status: \_\_\_\_\_

In case of divorce who is the child's guardian: \_\_\_\_\_

☐ Proof attached

☐ No proof

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Who is the primary contact during school hours? \_\_\_\_\_

Who is the primary contact after school hours? \_\_\_\_\_

**Names and phone numbers of references (relatives/friends) to be contacted by school in case of emergency (other than father and mother):**

Name	Relation	phone number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Further details:**

For Alexandria residents only: please provide recommendations from 2 parents whose children are current (ISE) pupils.

Names of parents:

1 \_\_\_\_\_  
2 \_\_\_\_\_

Name and year group of child:

1 \_\_\_\_\_  
2 \_\_\_\_\_

How did you find out about IBSA? \_\_\_\_\_  
\_\_\_\_\_

Language(s) spoken by the student \_\_\_\_\_ (with parents)  
\_\_\_\_\_ (With others)

**Medical information:**

Any special educational needs or support given in previous school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any medical history or allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Blood type: \_\_\_\_\_

I confirm that all the above mentioned information is correct

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

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

**For final acceptance and reagristration the following must be attached:**

1. copy of father's ID/Passport.
2. ORIGINAL computer birth certificate
3. Last year's school report
4. Letter of transfer approved by the Egyptian Ministry of Education/Ministry of Foreign Affairs.
5. 12 passport size photos
6. Recent medical report from school approved doctor

**FOR ADMINISTRATION USE ONLY:**

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

Conducted by: \_\_\_\_\_

**Interview 1:**

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

**Interview 2:**

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

**Interview 3:**

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

Recommended Class: \_\_\_\_\_ Age Oct 1<sup>st</sup>: \_\_\_\_\_

Head teacher approval: \_\_\_\_\_

Accepted Yes / No: \_\_\_\_\_

Comment: \_\_\_\_\_

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

Student behavior : 

1	2	3	4	5	6	7	8	9	10
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Student academic : 

1	2	3	4	5	6	7	8	9	10
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Parents : 

1	2	3	4	5	6	7	8	9	10
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