



AL RAJA SCHOOL

P.O. Box 1
Manama, Kingdom of Bahrain
Phone: 172-544-414
Fax: 172-73-073
Email: registrar@larajabahrain.org
Website: www.alrajabahrain.org

Picture Here

Application for Admission

Please complete each section using Black or Blue Ink

Section 1: CHILD'S PERSONAL DETAILS

| | | | | | | | | |
|-----------------------------------|-------|--|------------|------|--|----------|--------|--|
| Child's Name (as per passport) | | | | | | | | |
| Date of Birth | | | CPR Number | | | | | |
| Nationality | | | | Male | | | Female | |
| Address | Flat | | Road | | | Building | | |
| | Block | | Area | | | | | |
| Mobile Number (Student) | | | Email | | | | | |

Name and classes of any brother(s)/sister(s) already attending the school and grade

| Names | Grades |
|-------|--------|
| | |
| | |
| | |
| | |
| | |

Language(s) commonly spoken at home: (1): _____ (2): _____

Section 2: ACADEMIC DETAILS

Class in which admission is sought: _____

Most recent grade level completed (or currently enrolled): _____

Name(s) of school(s) attended in the past and dates of attendance, starting with most recent:

| Name of school (Any City/Country) | Class | From | To |
|-----------------------------------|-------|------|----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Section 3: PERSONALITY AND HEALTH

Please provide details of any special aspects of your child's personality:

Please provide information if your child has any health problems requiring special attention:

Section 4: PARENT / GUARDIAN DATA

| | | | |
|--------------------|--|--------|--|
| Father's Full Name | | | |
| Profession | | | |
| Organization | | | |
| Office Address | | | |
| Office Telephone | | Mobile | |
| Email: | | | |

| | | | |
|---------------------|------------------------------------|---------------------------------------|--|
| Mother's Full Name | | | |
| Mother's Occupation | Housewife <input type="checkbox"/> | Professional <input type="checkbox"/> | |
| Profession | | | |
| Organization | | | |
| Office Address | | | |
| Office Telephone | | Mobile | |
| Email: | | | |

Section 5: DECLARATION

Submission of this application does not equal enrollment. Students must pass the entrance criteria. More information can be found in the registration packet.

I confirm that, to the best of my knowledge, the information provided in this form is correct. I have understood and agree to abide by all school rules including school discipline, tuition fee payment and refunds as outlined in the Student-Parent handbook.

Signature of Parent/Guardian

Date

Signatory's Name: _____

Signatory's Relation with the Child: _____

FOR OFFICE USE ONLY

Date of Submission

Passport Photos

CPR Card/Passport Copies

Copy of Father's CPR

Copy of Mother's CPR

Application Fee

Test/Interview Date

Interview Result

Waiting List

Admission to Grade

Registration Fee Paid

Academic Needs Assessment Form

Conduct Form

Most Recent Report Card

Previous Year's Report Card

Arabic Score

English Score

Math Score

Rejection

Reason for Rejection:

Signature of Registrar

Signature of Principal