



Student Personal Information Form

In order to insure our records are accurate, the following form must be completed.

Please return the form to the school as soon as possible.

Student Name: ----- Class: -----

Date of Birth: ----- Month: ----- Year: -----

Nationality: ----- Religion: -----

Father's mobile number: ----- Mother's mobile number: -----

Home phone number: ----- Work phone number: -----

Address: -----

Contact Email Address: -----

Preferred mobile number for receiving school SMS: -----



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