

AL – FURQAN ARABIC SCHOOL

Application Form for the Boarders



Name: _____ Age: _____

Date of Birth: _____ Class: _____

Mother's Name: _____ Contact No: _____

Father's Name: _____ Contact No: _____

Residence No: _____ Email: _____

Present Address: _____

Allergies or Illness if any: _____

Guardian Information

Name of the Guardian _____ Date of Birth: _____

Relationship to the Student: _____

Address: _____

Tel No: _____ Mobile No.: _____

Email: _____ Designation: _____

Work Address: _____

Work Phone No: _____ Fax No: _____

Guardian's Signature: [In acceptance of responsibility of the student] _____

Passport Details of NRI/ International Students

Country: _____ Number: _____ Place of issue: _____

Date of issue: _____ Date of Expiry: _____

Emergency Contacts

Name: _____ Relationship to Student: _____

Address: _____

Tel No: _____ Mobile No.: _____

Email: _____

List of Visitors Approved by Parents [Other than Local guardian and Emergency Contacts]

1. _____ Relationship to student & contact no.: _____

2. _____ Relationship to student & contact no.: _____

3. _____ Relationship to student & contact no.: _____

Should E-mails and circulars be sent to the guardian/Emergency contacts? _____ [yes/no]

All Information furnished in this application form, is to the best of my knowledge, correct and complete.

Name of the parent _____ Signature of the parent: _____

Date: _____