



Emirates Future Int'l Academy

CBSE AFFILIATION - 6630029

P.O. Box 128576, Musaffah, Abu Dhabi, U.A.E

Tel: 02-5525188

Email: efia.uae@gmail.com

Web: www.efiaschool.com

APPLICATION FOR ADMISSION (2018-2019)

(To be filled in CAPITAL Letters)

Reservation No: (Office use only)		PASSPORT SIZE PHOTO
GR No. (Office use Only):		
Applying for Grade		

STUDENT INFORMATION

1. Name: (as in the passport)		
FIRST	MIDDLE	LAST
2. Gender MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DOB (dd-mm-yyyy)	4. _____ Place of Birth
5. Age as on 31 st March 2018: _____ Years _____ Months *Must be 3 years 8 months as on 31 st March 2018 for KG1		
6. _____ Nationality	7. _____ Religion	8. _____ Mother tongue

9. PREVIOUS SCHOOL INFORMATION

a. Name of the school: _____	
b. Address: _____	
c. Curriculum : CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> State Board <input type="checkbox"/> Matriculation <input type="checkbox"/> Others <input type="checkbox"/>	
d. Medium of Instruction: _____	
e. Grade passed: _____ f. Month/ Year of Grade passed: _____ Month Year	
Subject Studied	i. Languages : 1 st : _____ 2 nd : _____ 3 rd : _____ ii. Main Subjects : _____

	STREAM	COMPULSORY SUBJECTS	OPTIONAL SUBJECTS
10. Grade XI - Subject & Stream Preferred	I. Science <input type="checkbox"/>	English, Physics, Chemistry	Biology <input type="checkbox"/> Maths <input type="checkbox"/> Computer Science <input type="checkbox"/> (Choose any two)
	II.Commerce <input type="checkbox"/>	English, Business Studies, Economics, Accountancy	Marketing <input type="checkbox"/> Maths <input type="checkbox"/> Informatics Practices <input type="checkbox"/>

PARENT INFORMATION

11.	Name of the Father	Profession	Designation	Organisation
12.	Name of the Mother	Profession	Designation	Organisation
13. Address in UAE		Flat No : _____ Building No./Name : _____		
		Area : _____ Street : _____		
		Nearest Landmark : _____		
		Emirate : _____ Email : _____		
		Tel No : _____ Mobile No:1: _____		
		Mobile No:2: _____		
14. Address in Home Country		_____		

		Tel No. : _____		

MISCELLANEOUS INFORMATION

15. Details of Siblings or Cousins (if any), currently studying in this school			
a	Name :	Grade :	Relation :
b	Name :	Grade :	Relation :
c	Name :	Grade :	Relation :
16. Details of your other child seeking admission in this school during the academic year 2018 – 2019 (if any)			
a	Name :	Grade :	Relation :
b	Name :	Grade :	Relation :
c	Name :	Grade :	Relation :

IMPORTANT INSTRUCTIONS

- For grades KG1 to XI, submit duly filled application forms **ONLY**. (No documents will be required during application submission).
- Admission is granted on the basis of availability of seats and performance in the Entrance Test & Interview. Submission of application forms does not guarantee admission.
- Selected students **MUST** submit the following documents **ON THE DAY** of Interview/Admission.
 - ❖ Original attested Transfer Certificate [For KG1 from Term II onwards].
 - ❖ Original Mark Statement / Progress Card.
 - ❖ Copy of the attested Birth Certificate (English or Arabic).
 - ❖ Copy of student passport with valid Visa Page.
 - ❖ Copy of student Emirates ID Card.
 - ❖ Copy of parents' passport with valid Visa Page.
 - ❖ Copy of student Insurance Card.
 - ❖ Copy of student Vaccination Card.
 - ❖ Four passport size photos.
 - ❖ Copy of electricity Bill of Student's Residence / Tenancy contract

NOTE: Incomplete applications will NOT be accepted.

DECLARATION

We declare that the information furnished above is true and accurate to the best of our knowledge. We acknowledge the above instructions and assure the school management that we will abide by the school rules and regulations throughout our child's education in this institution. We also undertake to submit all pending documents attested by the competent authority within 2 weeks from the date of admission, if my ward is admitted.

Signature of the Father

Signature of the Mother

Date:

FOR OFFICE USE ONLY

Admitted in Grade: _____ Stream _____ Date _____

Chosen Optional Subject for Grade 8 onwards : French Hindi Malayalam

Chosen Optional Subject for Grades 1 to 7: Hindi Malayalam

***Mandatory Subject : Arabic**

Principal

Vice-Principal

Admission Incharge



General Authority for Health Service

المسئولة العامة للخدمات الصحية

For the Emirates of Abu Dhabi

أبوظ بي الإمارة



EMIRATES FUTURE INTERNATIONAL ACADEMY

P.O. Box: 128576. Mussaffah Abu Dhabi U.A.E. Tel: 02-5525188.

Name of Student

اسم الطالب:

Health Card Number

رقم البطاقة الصحية:

MRN

ملاحظة: رقم المريض:

Group Blood

دماء:

Nurse's المرضى/المرضى اسم Name	اسم الطبيب Doctor's Name	السنة الدراسية Academic Year	المنطقة الطبية City Medical Dist.	ال ش ع بة / ال صف Class/Division	ال مدرسة School	بلا الطار رقم St. No

Nurse.....

SCH/ 0002-10

Student Name.....

س الج Sex	ةس الج Nationality	دلايما لمح Place of Birth	دلايما خيار Date of Birth
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لم عمل فها Work Tel No	المسئري الةلومي Education Level	لم عمل Job	ال ا اسم Father Name
لم عمل فها Work Tel No	المسئري الةلومي Education Level	لم عمل Job	ال ا اسم Mother Name

لزنم فها Residence Tel. No	ةنوالامد City	ال بر دص زدوق Post Box	ةظنم Area	ال شارع Street	ال ع زوان Address

In case of Emergency Contact:

ني حالة الطوارئ الاتصال ب :

فها Telephone:	ة/ال س يد
ن مال Mobile	ال زرابه ص له

PAST MEDICAL HISTORY:

Please mark Yes or No for Problems your child has now or had in the past

If yes. Please give dates ad explanations in space below

No.	Yes	Problems	لك شامل
		Allergies (food. Medication etc.)	حساسيه من طعام
		Hospitalizations	دخول المبرشني
			يجارج تابلهمع
		Visual Problem	مشاركل ني الصر
		Hearing Problems	مشاركل ني المرمع
		Recurrent ear infections	الهاباب اذن مفرره
		Bleeding Tendencies'	زانبة لزييف
		Heart Disease	مشاركل ني القب
		Epilepsy	الصرع
		Diabetes	البركري
		Kidney Diseases	أمراض الكلى
		Difficulty in breathing	صعوبة ني اليرفس
		Tuberculosis / Positive PPD	

No.	Yes	Problems	لك شامل
			ي دخل وبرال
		Deformities of vertebral column	بالالت لعمود النوري
		Physical and Mentally handicap	عالت لعمود النوري
		Learning Difficulty	اعاقه جبرديه أو عقي
		Health aid Requirement (hearing Orthopedic)	احياجات أدويه مبرعه
		Medical restriction on Physical Activity	ي لرحا طائرل ي غي ميط دوي
		Smoking	الندخين
		Obesity	المرمه
		Loss Of Consciousness	نودان الوخي
		Speech Problem	مشاركل ني النطق
		Snoring During Sleep	شخير أثناء النوم

(لكلذ ج قائل تتعد الذا حقتصال ف غي بيانك نكم , امع برمدل رايخا ددو ىرخا لكاثم هبا أو مرمه ام غي تدجأ يدال لكاثم صخو امه ل بص اندل هانك اعرجلا :)تايضو

EXPLANATIONS(PLEASE INCLUDE DETAILS ABOUT PROBLEMS FOR WHICH YOU CHECKED YES ABOVE OR ANY PROBLEMS YOU WOULD LIKE TO LET THE SCHOOL NOW ABOUT FEEL FREE

PRESENT MEDICAL CONDITION

Any chronic medical condition the child is suffering from:

Any medicine which the student regularly use:

Any medicine advised at emergency:

Special precautions if needed:

FAMILY HISTORY

Please mark YES or NO for any hereditary health problems in your family (for siblings, Parents or for grandparents)

YES	NO	PROBLEMS	RELATION
		Diabetes	
		Asthma	
		Hypertension	
		Cardiac problems	
		Any other, please specify	

If any other problem you would like to let the school know about, feel free to use this page if necessary.

IMMUNIZATION STATUS

Before School Admission:

Remarks	Place of Vaccination	Booster	3 rd Dose	2 nd Dose	1 st Dose	Types of Vaccination
		Date	Date	Date	Date	
						BCG
						DPT
						Hib
						Hepatitis B
						Polio
						MMR

Booster

Nurse Signature	Remarks	Lot Number	Expiry Date	Place of Production	Date of Production	Company name	Date of Vaccination	Name of Vaccine	
								MMR	
								DT	
								Polio	
								TD	
								Rubella	
								1 st Dose	Hepatitis B
								2 nd Dose	
								3 rd Dose	
								Others	

After School Admission:

*Please attach the copy of Vaccination card

INFECTIOUS DISEASES BEFORE SCHOOL ENTRY

قبة صال 11 Infection		قبة عمل ضرر املا 11 Infection Disease		قبة صال 11 infection		قبة عمل ضرر املا 11 Infection Disease	
معن Yes	ال No			معن Yes	ال No		
		Diphtheria	الذنفيريا			Measles	الحصبة
		Tuberculosis	البرل الرئوي			German Measles	الحصبة اللمانية
		Infectious Hepatitis (A)	التهاب الكبد (أ)			Chickenpox	الجديري
		Infectious Parasitism	التهاب الكبد (ب)				فالكهل
		Intestinal Parasitism	طنبيات معويه			Poliomyelitis	شلل الطفل
		Scabies	الجرب			Whooping Cough	السعال الديكي
			اول سح ابا هل			Others (Specify)	اخرى

قبة عمل ضرر املا 11

Infectious Diseases during School Years

مضرم مل اوتوع Signature of Name	مال حظات Remarks	نذره العزل من-الى Isolation Period From - To	قبة صال الا ه يادب Date of Onset	ه ي عمل ضرر املا 11 Infectious Diseases
				Measles الحصبة
				German Measles الحصبة اللمانية
				Chickenpox الجديري
				فالكهل
				Whooping Cough السعال الديكي
				Diphtheria الذنفيريا
				Scarlet Fever الحمى
				Tuberculosis البرل الرئوي
				Viral Hepatitis التهاب الكبد النيروسي
				اول سح ابا هل
				Intestinal Parasitism طنبيات معويه
				Scabies الجرب

ANNUAL CHECKS

Date خيارشال فصل Grade	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
ال عمر Age												
ال طول Height												
ال وزن Weight												
م جمل ملنك لم عد BMI												
ظرو ل Visual												
يردي نظاره طبيه Wear Eyeglasses												
هبط مظارن يديتور a. Visual Acuity With Glasses												
يردي نظاره طبيه b. Visual Acuity Without Glasses												
الوان Color Recognition												
حاله السمع Hearing Status												
طبيعي 1. Normal												
ع ال سمدان قن 2. Hearing loss												
ك ان اذا (ال دم ض غظ غير طبيعي) Blood Pressure If Abnormal												

1. Can recognize all colors.

1- يسنطوع نويز جميع اللوان-

2. Can recognize primary colors only

2- ييز اللوان البتدائيه فقط-

3. Cannot recognize all colors

3- ال يسنطوع نويز اللوان

Nurse

مضمحل

Comprehensive Medical Examination Student Screening History & Physical

N= Normal, Ab=Abnormal, NA=Not Applicable for age or sex for abnormal findings please specify

Visit Date			
Grade	1 st Grade	5 th Grade	9 th Grade
Interval History			
General Appearance/ Body built			
Vital Signs			
BP (Percentile)			
Skin, Hair			
HEENT			
Heart			
Lungs			
Abdomen/Hernia			
Genitalia (undescended testicles, Hydrocele)			
Sexual Development			
Central Development			
Musculoskeletal System (Scoliosis)			
Impression/Diagnosis			
Recommendation			
Referred(10)			
Response received (date)			
Doctor			

*Check for strabismus, Conjunctivitis, Hearing, Otitis, Pharyngitis, Neck Mass, Lymph nodes.

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United Arab Emirates
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**أكاديمية مستقبل الإمارات الدولية**

ص.ب. ١٢٨٥٧٦ ، مصرف ، أبوظبي
الإمارات العربية المتحدة
تلفون : ٠٢-٥٥٢٥١٨٨٠
البريد الإلكتروني efia.uae@gmail.com

CONSENT TO ADMINISTER NON PRESCRIBED MEDICATIONS (FILED OUT AND SIGNED BY PARENT)

Authorize that my Child Name _____ Date of Birth _____ Address _____ Phone No: _____ School _____ Class _____
Request that My child _____ Be Given the Appropriate emergency in one following cases: 1.Administration of Epinephrine in an acute allergic reaction (anaphylactic shock) 2.Administration of salbutamol Inhaler to control asthmatic symptoms 3.Administration of oral glucose for hypoglycemia 4.Administration of Paracetamol to control mild to moderate pain and fever 5.Other,Please specify: _____
Please note: the School nurse will note give any medication unless this form is completed and signed

1. I Agree to hold the school and its employees harmless from any and all liability for the results of taking the medication or the manner in which the medication is given
2. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Name of parent Signature..... Date

(لا حرجاً لا يولد لي في نم مع هؤوتو جودم ل هؤبع ي ر ج) بس نمل دواعل زيبا اعطعا ي غي هسرامد ي رى الطوا ادار ه قؤنحو

- اي يذبط حصل خا اتا اي يذ ل س م ا ال ع ز وان فصل ل ففاهل ه ق
هؤ ل ذل رى الطوا تل اح ا نم ه ل اح ا ي يذ بس نمل دواعل ل ي نط ا اعطا م نى ن ا ر ج و ل ذل ذى ال ذف قؤج م س ل ا هم ص د س س ن ح ل ع ن در ن ي ن ي ل ذر طال دواع و بال ر راض ع ا ي م ج ل و م ال ل ه ل ن م ع ل ا ه ن ت ي ر س ل دواع ع لى م ر ط ي ل ل ا ه ن ت ل ب و ل س ل دواع ي ر خ ل ا دؤ ذ ح ي ج ر
و د ج م ل ل ي م م نى ل م ه ر س م ل م ه ر م م ل بى ن م م ل ل ت ا ح ا ن م ه ل اح ا ي ن ي هؤ د و ا ا ن م دواع ا ي ال ب الطاع اعطا م نى ن ل : ه ل ح ظ ام ه ي غ ي و هؤ ع ت ل و ل م ل ظ ل ب

هسردمل نه يظموو ي نبال نه عطي يذل عال دوا هؤ قؤط و ا بس نمل عال دوا ع لى م س ر ن ح ا ي يذ بس نى ل ز ي ب ل بس ن م ح و ب ا م ا ي ل ذى در س م ل ر ر ا م ل س ع لى ق ن ا و ا ن ا *
 و ر ق ا ل ه ذ ه ع لى نه ن ي ل و ع ب ن م ت ج د ر ر ض ا ي ع ن ن ي م س و و ل ر ي غ
 ط ن ا ي هؤ ه ا ن و ر م م ل ن م ا ل ا م ه س ن م ل ت ا و ا ر ا ل ج ع ذ ن ت ل در س م ل ا ت ط ل ل ل نه ن ي ل و ا ع ط ي *
 ا ن م و ل ي ال م ر : ال ت و ق ي ع : الخ ا ر ي خ :

To,

The Principal
Emirates Future International Academy

DATE: _____

PLACE: _____

From,

I _____ parent of _____ Grade _____ got admission

in your esteemed institution. I hereby, state the following documents are submitted by me

DOCUMENTS REQUIRED

- BIRTH CERTIFICATE (IN ENGLISH/ARABIC) STAMPED BY THE NOTARY PUBLIC WITH STATE WIDE AUTHORITY, THE HOME DEPARTMENT OF THE STATE, RESPECTIVE EMBASSY IN UAE AND THEN UAE FOREIGN AFFAIRS MINISTRY.
- ORIGINAL TC (IN ENGLISH) ISSUED FROM THE PREVIOUS SCHOOL DUTY COUNTERSIGNED BY THE DISTRICT EDUCATIONAL OFFICER/CBSE BOARD/IMS/CEO/ICSE BOARD (HOME COUNTRY) ATTESTED BY THE RESPECTIVE EMBASSY AND THE UAE FOREIGN AFFAIRS MINISTRY
- COPY OF THE VACCINATION CARD
- COPY OF MARKSHEET/GRADE SHEET/REPORT CARD/ADEC MARKSHEET IN CASE OF ABU DHABI SCHOOL TRANSFER
- 4 PASSPORT SIZE PHOTOGRAPHS
- COPY OF STUDENT VALID PASSPORT AND VALID VISA PAGE
- COPY OF FATHER VALID PASSPORT AND VALID VISA PAGE
- COPY OF MOTHER VALID PASSPORT AND VALID VISA PAGE
- COPY OF STUDENT INSURANCE CARD
- COPY OF STUDENTS EMIRATES ID (FRONT AND BACK SIDE)
- COPY OF ELECTRICITY BILL / TENANCY CONTRACT
- DULY FILLED IN MEDICAL FORM OF THE CHILD WITH PHOTOGRAPH
- COPY OF REGISTRATION CARD (CLASS 9TH SECOND TERM, 10TH AND 12TH ADMISSION)
- PARENTS JOB CERTIFICATE/EMPLOYMENT CONTACT AGREEMENT FORM (only for 10TH

ADMISSION)

I HEREBY ALSO STATE THAT THE PENDING DOCUMENTS IF ANY, WILL BE GIVEN POSITIVELY ON OR BEFORE _____ OR ELSE THE SCHOOL AUTHORITIES CAN CANCEL THE ADMISSION. WE ALSO WOULD NOT CLAIM FOR REFUND OF ANY FEES HEREAFTER.

Sign of the Admin/Principal/Vice Principal

Signature of the Parent

To,

The Principal

DATE: _____

Emirates Future International Academy

PLACE: _____

From,

I _____ parent of _____ Grade _____ got admission in your esteemed institution. I hereby, state the following documents are submitted by me

DOCUMENTS REQUIRED

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COPY OF THE VACCINATION CARD

COPY OF MARKSHEET/GRADE SHEET/REPORT CARD/ADEC MARKSHEET IN CASE OF ABU DHABI SCHOOL TRANSFER

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COPY OF STUDENT VALID PASSPORT AND VALID VISA PAGE

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أكاديمية مستقبل الإمارات الدولية

ص.ب. ١٢٨٥٧٦ ، مصنع ، أبوظبي
الإمارات العربية المتحدة
تلفون : ٠٢-٥٥٢٥١٨٨٠
البريد الإلكتروني efia.uae@gmail.com

Terms and Conditions:

1. Fees (Tuition & Bus) once paid are not refundable under any circumstances.
2. Uniform and books fees will be refundable only if they have not been collected.
3. Company Reimbursement – Yes / No
4. If Yes, Company Name _____

I _____ Parent of _____
_____ in class _____ accept the terms and

Conditions of the School fees payment.

Signature:

Date: