



Emirates Future Int'l Academy

CBSE AFFILIATION - 6630029

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

Tel: 02-5525188

Email: efia.uae@efiaschool.com

Web: www.efiaschool.com

APPLICATION FOR ADMISSION (2019-2020)

(To be filled in CAPITAL Letters)

Reg No: (Office use only)	ESIS NO:	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. <input type="text"/> Place of Birth
5. Age as on 31 st March 2019: _____ Years _____ Months *Must be 3 years 8 months as on 31 st March 2019 for KG1		
6. <input type="text"/> Nationality	7. <input type="text"/> Religion	8. <input type="text"/> 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"/> (Choose any one)

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 : _____ P.O.Box: _____ Emirate : _____ Email : _____ Tel No(Res): _____ 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 2019 – 2020 (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 _____ ESIS NO: _____

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

For the Emirates of Abu Dhabi

أبـ ووظـ بی الماره



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

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رقم البطاقة الصحية:

MRN قنا ص ٥١

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ب: يطل لال مرج مقرر

Group Blood

دامل:

[illegible]

Nurse.....

Student Name.....

سینا ج Sex	قېسنا ج Nationality	دالېملا لمج Place of Birth	دالېملا خپلار Date of Birth
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لموغل فېدا Work Tel No	المسئري الېلېمي Education Level	لموغل Job	الاب اسم Father Name
لموغل فېدا Work Tel No	المسئري الېلېمي Education Level	لموغل Job	الام اسم Mother Name

لرېنېل فېدا Residence Tel. No	قېنېالامد City	البرې دصېدو ق Post Box	قېنېنمل Area	الشارع Street	الغوان Address

In case of Emergency Contact:

ني حاله الطواري الاتصال ب :

فېدا Telephone:	ة/ال سېد
نېال Mobile	ال ورا به صلاه

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 شاملا
		Allergies (food. Medication etc.) حساسيه من طعام	
		Hospitalizations دخول للمشفى	
		يخرج تشايله ع	
		Visual Problem مشاكلي البصر	
		Hearing Problems مشاكلي السمع	
		Recurrent ear Infections التهابات اذن متكرره	
		Bleeding Tendencies' قابلية النزيف	
		Heart Disease مشاكلي القلب	
		Epilepsy الصرع	
		Diabetes السكري	
		Kidney Diseases امراض الكلى	
		Difficulty in breathing صعوبة في التنفس	
		Tuberculosis / Positive PPD	

No.	Yes	Problems	لك شاملا
		Deformities of vertebral column	يبخلال وبرايل
		Physical and Mentally handicap	نالايت العمود الفقري
		Learning Difficulty	عنايت العمود الفقري
		Health aid Requirement (hearing Orthopedic)	اعاقه جبرديه او عقليه
		Medical restriction on Physical Activity	احتمالات اذويه مبراعده
		Smoking	يخرج طائر لى في حيط دويلا
		Obesity	الندخين
		Loss Of Consciousness	السمكه
		Speech Problem	نقدان الوعي
		Snoring During Sleep	مشاكلي النطق
			شخير انزال النوم

(الكلت ج قتل تع اذ ح قتل ف في جالته نكهم , اح ع بر دمل رادخا ددو ىرخا القاشم هبا او م عر اده في تىجأ يىل لالقاشم صاخ ا مېل لىصانتهل جالته عاجرلا): تاحضو

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

Nurse

INFECTIOUS DISEASES BEFORE SCHOOL ENTRY

Infection قبة صال		Infection Disease قبة عمل ضرر	infection قبة صال		Infection Disease قبة عمل ضرر
Yes مع	No ال		Yes مع	No ال	
		Diphtheria الذئبريا			Measles الحصبة
		Tuberculosis البرنوي			الحصبة الألمانية
		Infectious Hepatitis (A) التهاب الكبد (أ)			Chickenpox الجدري
		Infectious Parasitism التهاب الكبد (ب)			فالكذل
		Intestinal Parasitism طفيليات معوية			Poliomyelitis شلل الأطفال
		Scabies الجرب			Whooping Cough السعال الديكي
		Other (Specify) أخرى			

قبة عمل ضرر

Infectious Diseases during School Years

Signature of Name مضرم، وة	Remarks مال حظات	Isolation Period ننره العزل من-الى From - To	Date of Onset قبة صال	Infectious Diseases قبة عمل ضرر
				Measles الحصبة
				German Measles الحصبة الألمانية
				Chickenpox الجدري
				فالكذل
				Whooping Cough السعال الديكي
				Diphtheria الذئبريا
				Scarlet Fever الحمى
				Tuberculosis البرنوي
				Viral Hepatitis التهاب الكبد الوبائي
				أول سح ا ب اهل
				Intestinal Parasitism طفيليات معوية
				Scabies الجرب

ANNUAL CHECKS

<div style="display: flex; justify-content: space-between;"> <div>Date تاريخ الفحص</div> <div>Grade الصف</div> </div>	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
السن Age												
الطول Height												
الوزن Weight												
معدل كتلة الجسم BMI												
الرؤية Visual												
ارتداء نظارة طبية Wear Eyeglasses مقياس البصيرة مع نظارة طبية a. Visual Acuity With Glasses البصيرة بدون نظارة طبية b. Visual Acuity Without Glasses												
اللون Color Recognition												
حالة السمع Hearing Status طبيعي 1. Normal فقدان السمع 2. Hearing loss												
إذا كان الدم ضاغطاً غير طبيعي Blood Pressure If Abnormal												

1. Can recognize all colors.

1- يمكن التعرف على جميع الألوان -

2. Can recognize primary color only

2- يمكن التعرف على اللون الأساسي فقط -

3. Cannot recognize all colors

3- لا يمكن التعرف على جميع الألوان

Nurse

ممرض

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
Tel. : 02-5525188,
E-mail : efia.uae@gmail.com



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: _____
<u>Please note:</u> 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 مراهق أو ولي نعم معيذون و جودم ل هذ عى ى ر ج) بلس نمل دواء ل ا ز ي ا اعط ع ا ى ن م س ر ا م د ي ن ر ا ل ط و ا ا د ا ر ه ق ن ن ح و

هذا ي ا ط ا م ص ل ا خ ا ا ت ا ل ا ي ل ل ل م ا
ا ل ع ز و ا ن _____
ف ا ل ل م ق : ف ا ل ل م ق : ه ل ل ل ر ا ل ط و ا ت ل ا ح ا ن م ط ا ح ا ا ي ن ب ل س ن م ل د و ا ا ل ا ن ي ط ا ع ا ط ا م ن ن ا ا ر ج و ر ا ض ع ا ى م ج ل و ا م ا ل ل ه ل م م ل ل ه ل ا ل ف ق ن ج س ا س ل ا م م ص د س س ن ا ح ل ع ن د ر ن ي ن ل ل ا ه ل ل ا س ل ل د و ا ع ا ى م ر ط ب ا ل ل ل ا م ت ا ب و ا ل ل د و ا ا ل ن ر ط ا ل د و ا و ا ل ى ر خ ل ا د و ج ن ى ج و ر و د ج م ل ل ى ل م ن ن م ل م ه ر س م ل م ص ر م ل ل ب ن ن م ص ر م ل ل ت ا ح ا ن م م ل ا ح ا ي ن ي ه ل د و ا ا ن م د و ا ا ي ا ل ب ا ل ط ا ع ا ط ا م ن ن ن ل : م ل ح ظ ا م ه ن ن ن و ن ع ت ا ل و ل م ل ل

ه س ر م ل ل م ي ظ م و و ي ن ا ل ل ع ط ي ي ل ل ع ل ا د و ا و ا ب س ر ا ن م ل ع ل ا د و ا ع ا ى ض ا ر ع ا ا ي ي د ل س ي و ل ل ي ن ا ل ب ل س ن م ص و ب ا م ا ن ا ل د ر س م ل ر ر ا م ل س ع ا ى ق ن ا و ا ن ا *
 و ر ق ل ه ذ ع ا ى : ن ا م و ع ن م ت ج د ر ر ض ا ي ع ن ن م م و ل ر ي غ
 ط ن ا ي م ه ا ن و ر م م ر ا ل ن م ا ل ا ض ب ل س ن م ل ن ا و ا ل ا ج ع ن ت ا ل د ر س م ل ا ن ت ط ل ل ل ل ل ن ا م و ا ع ط ي *
 ا س م و ا ل ا ل م ر : ا ل ن و ق : ا ل ن و ق :

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 STUDENT EMIRATES ID (FRONT AND BACKSIDE)
- ☐ 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 CONTRACT 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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Sign of the Admin/Principal/Vice Principal

11

Signature of the Parent

EMIRATES FUTURE INTL. ACADEMY

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أكاديمية مستقبل الإمارات الدولية

ص.ب. ١٢٨٥٧٦ ، مصفح ، 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: