



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 (2020-2021)

(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. _____ Place of Birth |
| 5. Age as on 31 st March 2020: _____ Years _____ Months *Must be 3 years 8 months as on 31 st March 2020 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 | English, Physics, Chemistry | Group1:Maths <input type="checkbox"/> Group2:Maths <input type="checkbox"/> Group3:Biology <input type="checkbox"/> (Choose any one group) |
| | II.Commerce | English, Business Studies, Economics, Accountancy | Biology <input type="checkbox"/> Computer IP <input type="checkbox"/> Group1: Marketing <input type="checkbox"/> Group2: Mathematics <input type="checkbox"/> Group3: Informatic Practices <input type="checkbox"/> (Choose any one group) |

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 In charge



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
Blood Group

رقم الجلطي:
دامل:

| Nurse's اسم ممرضا در ممرضا/ اسم Name | Doctor's اسم Name | البيارة الدرارية Academic Year | المدينة الطبية City Medical Dist. | فص لة/ببع ش لة Class/Division | سنة المدر School | مزاا طالب St. No |
|--|-------------------------|--------------------------------------|---|----------------------------------|---------------------|---------------------|
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Nurse.....

Student Name.....

| | | | |
|----------------|------------------------|-------------------------------|--------------------------------|
| سن زالج Sex | دېس لاج Nationality | دالېملا لمح Place of Birth | دالېملا خېنار Date of Birth |
|----------------|------------------------|-------------------------------|--------------------------------|

| | | | |
|----------------------------|------------------------------------|--------------|---------------------------|
| ال باب اسم Father Name | Education Level يېمېلا لې بېسول | لغامل Job | لمېل فېدا Work Tel No |
| مېسا م لالا Mother Name | Education Level يېمېلا لې بېسول | لغامل Job | لغامل فېدا Work Tel No |

| | | | | | |
|----------------------------------|-------------------|------------------------------|-------------------|-------------------|----------------------|
| لزن دل فېدا Residence Tel. No | دم لايېزا City | ال برې دسرېد و ق Post Box | لمان طرزة Area | ال شارع Street | ال اعنوان Address |
| | | | | | |

In case of Emergency Contact:

ني حاله لاطوارى اللصال ب :

| | |
|--------------------|------------------------------------|
| فېدا Telephone: | دېس لالا دېس لالا |
| موبيل Mobile | هالسه بارو لالا هالسه بارو لالا |

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 | الملائك |
|-----|-----|-----------------------------------|---------------------|
| | | Allergies (food. Medication etc.) | حساسيه من طعام |
| | | Hospitalizations | دخول للمشفى |
| | | | عمليات جارجي |
| | | Visual Problem | مشاكل في البصر |
| | | Hearing Problems | مشاكل في السمع |
| | | Recurrent ear Infections | التهابات اذن متكرره |
| | | Bleeding Tendencies' | زائى نزيف |
| | | Heart Disease | مشاكل في القلب |
| | | Epilepsy | الصرع |
| | | Diabetes | السكري |
| | | Kidney Diseases | امراض الكلى |
| | | Difficulty in breathing | صعوبه في التنفس |
| | | Tuberculosis / Positive PPD | |

| No. | Yes | Problems | الملائك |
|-----|-----|---|-----------------------------|
| | | | لوا ابو شاع |
| | | Deformities of vertebral column | تلالل عمود الفقري |
| | | Physical and Mentally handicap | عوائق الجسدي والذهني |
| | | Learning Difficulty | اعاقه جديده او عجز |
| | | Health aid Requirement (hearing Orthopedic) | مدد خاص من هودا نتاج اناج |
| | | Medical restriction on Physical Activity | قيود طبيه على النشاط الحركي |
| | | Smoking | التدخين |
| | | Obesity | السمنه |
| | | Loss Of Consciousness | فقدان الوعي |
| | | Speech Problem | مشاكل في اللفظ |
| | | Snoring During Sleep | شخير أثناء النوم |
| | | | |
| | | | |

وضوحات: الرجاء كتابه لتفاصيل بما يخص المشاكل التي اجبتل عنها بنعم و اوبه مشاكل اخرى و د اخبار لمدته عنها , يملن لانا بامل تفصلا نقح ذا ادعت لاجاج لذلك

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

| قبة صرالا Infection | | قبة عملل ضرامل Infection Disease | | قبة صرالا infection | | قبة عملل ضرامل Infection Disease | |
|------------------------|----------|-------------------------------------|------------------|------------------------|----------|-------------------------------------|---------------------------|
| نعم Yes | ال No | | | نعم Yes | ال No | | |
| | | Diphtheria | ايرينفادل | | | Measles | قبة صرال |
| | | Tuberculosis | يوزرلا لسرا | | | | قبة عملل ضرامل القبة صرال |
| | | Infectious Hepatitis (A) | التهاب الكبد (أ) | | | Chickenpox | يريندل |
| | | Infectious Parasitism (ب) | التهاب الكبد (ب) | | | | ناكف |
| | | Intestinal Parasitism | طنبيات م عوّه | | | Poliomyelitis | لنطال لش |
| | | Scabies | برجرا | | | Whooping Cough | يكندل ل اعسرا |
| | | | لناهاب الحس لورا | | | Others (Specify) | اخو |

الامراض لماد عوّه لاخل لماس ردة

Infectious Diseases during School Years

| مضرمهله وناوع Signature of Name | مالحظات Remarks | زلا-نم لزعلنا هرتن Isolation Period From - To | قبة صرالا هرادب Date of Onset | قبة عملل ضرامل Infectious Diseases |
|------------------------------------|--------------------|---|----------------------------------|---|
| | | | | Measles قبة صرال |
| | | | | German Measles الحصبة اللمازوه |
| | | | | Chickenpox يريندل |
| | | | | ناكف |
| | | | | Whooping Cough الزبال الدبكي |
| | | | | Diphtheria ايرينفادل |
| | | | | Scarlet Fever ىم حرا |
| | | | | Tuberculosis يوزرلا لسرا |
| | | | | دبكل لب اطلل يسوريدل Hepatitis Viral |
| | | | | لناهاب الحس لورا |
| | | | | Intestinal Parasitism طنبيات م عوّه |
| | | | | Scabies برجرا |

ANNUAL CHECKS

| Date تاریخ الصف Grade | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII |
|--|---|----|-----|----|---|----|-----|------|----|---|----|-----|
| رمع لا Age | | | | | | | | | | | | |
| لوط لا Height | | | | | | | | | | | | |
| نزول لا Weight | | | | | | | | | | | | |
| دعمل كانه ملجام BMI | | | | | | | | | | | | |
| لناظر Visual | | | | | | | | | | | | |
| هبط ره اظني Wear Eyeglasses | | | | | | | | | | | | |
| ر بتدي زراطه طبيه a. Visual Acuity With Glasses | | | | | | | | | | | | |
| هبط ره اظني b. Visual Acuity Without Glasses | | | | | | | | | | | | |
| تمز الوان Color Recognition | | | | | | | | | | | | |
| حاله السمع Hearing Status 1. Normal علا سم دا زونه 2. Hearing loss | | | | | | | | | | | | |
| ظغض مد لا اذا ناك (يعيط روع) Blood Pressure If Abnormal | | | | | | | | | | | | |

1. Can recognize all colors.

2. Can recognize primary color only

3. Cannot recognize all colors

من الالوان جميع زي يعيط 1-

2 - طبيه هيات بل ان اول الالوان زي

3 ان الالوان زي يعيط 3

Nurse

لمارمضه

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.

EMIRATES FUTURE INTL. ACADEMY

P.O. Box 128576, Mussafah, Abu Dhabi
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: _____

Please note: the School nurse will note give any medication unless this form is completed and signed

1. I agree that school and its employees are not responsible for any consequences 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

(جرحي نوعيه لزام وج وتوؤوعه من ئبل وي لارم ل) مراد او ط لاري ني دم لارسه ل عى اعطءا ابى زله ل اود ل لم زيبا ومنقءا

ل بابايات الاخ ل صه ط بني ل :-
المس ل :-

ن اوزع نا _____

ق ر م ل ا ل ن ف :
ص ل ا ف :

وجرا أن يتم اطءءا طئي ل الء اود ل لم زيبا ني يا اءه من اءالت او ط لاري ل نال هاء:

لباس الياوم ال بان ي ندر نعل ح نيس دصره البس اس حبة
ن خاه طءاع م ل ه ل الم اول حمى أعضار ر ر عءادو
ل ابو ءاود لءار ئءءادو السواء بئوم ال س ل لطره
ر ئجى ئءءء الءخرى

م طءاح له : لن يتم اعءطاط اب ل اى ءاود من اود له ي ني اءه من اءات اللمرض من ئبل ممرضه لم اس رده م ل ه ل يتم ل م ل لزام جود
بله الم ل و لك ئؤول ع به.

* أن الائق ع ل ع س نام ارر لم سر د ئانام ام بوءه مزيبا

ل ابى ل و بس ل دي يا أءر ضا ع ل اء ل م زيبا و طؤوره اود ل ل ناى طءع ل ل ابى و و م طئى ل م ادر هس
غور ل وؤيبه ن ع يا ضرر دح بء من بءع وم ابء ؛ بءع هذه لءاره

* ي طءأ وم ابء ؛ للسلءة طءا لم سر د لءءاء ج ل ل ارءك لم زيبه ض الم ن ل اءه ر و نا هه ي ل اظ.

الم و اى الءر : اللؤؤؤوع : اللؤؤؤوع :

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

- BIRTHCERTIFICATE(IN ENGLISH/ARABIC) STAMPED BYTHE NOTARY PUBLICWITH STATEWIDEAUTHORITY, THEHOME DEPARTMENT OFTHE 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
- COPYOF STUDENT VALID PASSPORT AND VALID VISAPAGE
- COPYOF FATHER VALID PASSPORT AND VALID VISA PAGE
- COPYOF MOTHER VALID PASSPORT AND VALID VISAPAGE
- COPY OF STUDENT INSURANCE CARD
- COPYOF STUDENTS EMIRATES ID (FRONT AND BACK SIDE)
- COPYOFELECTRICITY BILL/TENANCYCONTRACT
- DULY FILLED IN MEDICAL FORM OF THE CHILD WITH PHOTOGRAPH
- COPY OF REGISTRATION CARD (CLASS 9TH SECOND TERM, 10TH AND 12TH ADMISSION)
- PARENTSJOB 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

- BIRTH CERTIFICATE (IN ENGLISH/ARABIC) STAMPED BY THE NOTARY PUBLIC WITH STATEWIDE 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
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- 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'S 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

11

Signature of the Parent

EMIRATES FUTURE INTL. ACADEMY

P.O. Box 128576, Mussafah, Abu Dhabi
United Arab Emirates
Tel. : 02-5525188,
E-mail : efia.uae@gmail.com



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: