



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 (2021-2022)

(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 2021: _____ Years _____ Months *Must be 3 years 8 months as on 31 st March 2021 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: _____

10. Grade XI - Subject & Stream Preferred	STREAM	COMPULSORY SUBJECTS	OPTIONAL SUBJECTS	
	I. Science	English, Physics, Chemistry	Group1:Maths <input type="checkbox"/> Group2:Maths <input type="checkbox"/> Group3: Biology <input type="checkbox"/> (Choose any one group)	Biology <input type="checkbox"/> Computer IP <input type="checkbox"/>
	II.Commerce	English, Business Studies, Economics, Accountancy	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

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رقم البطاقة الصحية:

MRN
لخصه

11/11/2019

رقی جس لال لطایف:

Blood Group

دامل:

[illegible]

Nurse.....

Student Name.....

سنة الميلاد Sex	جنسية Nationality	مكان الميلاد Place of Birth	تاريخ الميلاد Date of Birth
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الاب اسم Father Name	مستوى التعليم Education Level	العمل Job	رقم الهاتف Work Tel No
الام اسم Mother Name	مستوى التعليم Education Level	العمل Job	رقم الهاتف Work Tel No

رقم الهاتف Residence Tel.	المنطقة Area	الشارع Street	العنوان Address

In case of Emergency Contact:

في حالة الطوارئ الاتصال ب :

فد Telephone:	دعش / ١٤٠
موبايل Mobile	هاتفه / ١٤٠

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 inspace below

No.	Yes	Problems
		Allergies (food. Medicationetc.) حساسية من طعام / دواء
		Hospitalizations دخول المستشفى
		مشاكل في السمع / السمع
		Visual Problem مشاكل في البصر
		Hearing Problems مشاكل في السمع
		Recurrent ear Infections التهابات اذن متكررة
		Bleeding Tendencies نزيف / نزيف
		Heart Disease امراض القلب
		Epilepsy الصرع
		Diabetes السكري
		Kidney Diseases امراض الكلى
		Difficulty in breathing صعوبة في التنفس
		Tuberculosis / Positive PPD

No.	Yes	Problems
		Defo mities of vertebral co lumn انحناءات العمود الفقري
		Phys cal and Mentally handicap عقابالت جسمانية وعقلية
		Lea ning Difficu ty اعاقات جديده او عقابالت
		Health aid Requirement (hearing Orthopedic) دعم طبي (سمعي / ارتقائي)
		Medical restriction on Physical Activity قيود طبية على النشاط البدني
		Smoking التدخين
		Obesity السمنة
		Loss Of Consciousness فقدان الوعي
		Speech Problem مشاكل في الكلام
		Snoring Du ing Sleep الشخير أثناء النوم

(وضوحات: الرجاء كتابة التفاصيل عن المشاكل التي أجبت عليها بنعم أو لا، أو مشاكل أخرى قد أختار لم يذكرها، بملء ليا تاملت في هذا القسم لتعطينا صورة واضحة عن حالة طفلك)

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 صالال Infection		قبة عبلل ضرالال Infection Disease	قبة صالال infection		قبة عبلل ضرالال Infection Disease
نعم Yes	ال No		نعم Yes	ال No	
		Diphtheria ايرفادل			Measles قبة صالال
		Tuberculosis يوزلا لال			قبة صالال القبة صالال
		Infectious Hepatitis (A) التهاب الكبد (أ)			Chickenpox يرفدل
		Infectious Parasitism التهاب الكبد (ب)			تاكف
		Intestinal Parasitism طفيليات معوية			Poliomyelitis التهاب الشوكية
		Scabies برجرا			Whooping Cough يكة بولال اعصا
		لتهاب الحس لول			Others (Specify) اخرى

المرض لمدعوه لاخل لماس ردة

Infectious Diseases during School Years

مضرمال وولع Signature of Name	مال حظات Remarks	بالنم لزعل هرف Period Isolation From - To	قبة صالال هداد Date of Onset	مبعبلل ضرالال Infectious Diseases
				Measles مبعصلال
				German Measles الحصبة الألمانية
				Chickenpox يرفدل
				تاكف
				Whooping Cough التهاب الشوكية
				Diphtheria ايرفادل
				Scarlet Fever ىمحل
				Tuberculosis يوزلا لال
				دبكل لبال اهلل يسورل Hepatitis Viral
				لتهاب الحس لول
				Intestinal Parasitism طفيليات معوية
				Scabies برجرا

ANNUAL CHECKS

Date التاريخ Grade	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
رمع Age												
لوط Height												
نزول Weight												
دعمل كباهلجم BMI												
لناظر Visual												
هبط رهاظني Wear Eyeglasses												
ر بندي زراطه طيه a. Visual Acuity With Glasses												
هبط مر اظني b. Visual Acuity Without Glasses												
لخر الوان Color Recognition												
حاله السمع Status Hearing 1. Normal طبيعي loss علا سم دا روت 2. Hearing												
ظغض مد (ا) اذا ناك (يعيط روت) Blood Pressure If Abnormal												

1. Can recognize all colors.

2. Can recognize primary color only

3. Cannot recognize all colors

من اوله اعرج زبي عيطيه 1-

طيه هبالتبل ان اوله 2 زي -

ناله 3 زي عيطيه 3

Nurse

لمرضه

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.

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

<p>Authorize that my Child Name _____ Date of Birth _____</p> <p>Address _____</p> <p>Phone No: _____ School _____ Class _____</p>
<p>Request that My child _____ Be Given the Appropriate emergency in one following cases:</p> <ol style="list-style-type: none">1. Administration of Epinephrine in an acute allergic reaction (anaphylactic shock)2. Administration of salbutamol Inhaler to control asthmatic symptoms3. Administration of oral glucose for hypoglycemia4. Administration of Paracetamol to control mild to moderate pain and fever5. Other, Please specify: _____
<p><u>Please note:</u> the School nurse will note give any medication unless this form is completed and signed</p>

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

(جر بی تعبیه لاندوج و توبه من قبل وی لارم ل) مراد اوطاری نی دم لاریه لئی اعطاء ابی زول اودلم رسیا و مدقنا

	لېكوال يا زيات اخ لصره ط بنې له :- المس له :
ن اوزغ نا _____	قُرم له انف : صلاف :
	وچرا آن پشم اطعءا طئي لا الء او دلما نسيان ني يا احره من احالت او ط لاري لنال ياه : نميا س ليكاوم ال بان ي در نعل ح نس دصمه الس اس جقة فخر ه علما ع من قبل الام اول حمى اعضار ر ياع عادو بابو عاوود لمار بلاء عادو الساو ليتوم ال س بطره ر چي بخد بال خري مظاح به : ان پشم اعطاط باب اي عاوود من اود به ي ني حاله من احات للمرض من قبل ممرضه لماس رده ملها پشم لمى لازم جود لكمال ولت غزول ع په .

* أن الواثق ياء من أمارر له اسرد نأ اام ام يوه من ميا

لایبی لویس لدی یا آعرضا یاع اوداء لمان اسباب و طوره اوداء لئای یطع ال ابزی و وحمطی الم ادرهس

غیر ل و وسمین نع یا ضرر دح ہٹ من بدع و مایہ ایاعہذہ فیاروہ

* يطعاً ومأوى للسنين طاملاً من رد لانتفاخ جلاء الرءاء لمناصبه من ابن ل ايمه روناهيه واطم.

الاسم ولى الامر: الشوق ع: التاريخ:

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 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

☐ 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'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 HEREFTER.

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

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☐ 4 PASSPORT SIZE PHOTOGRAPHS

☐ COPY OF STUDENT VALID PASSPORT AND VALID VISA PAGE

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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: