



# STUDENT REGISTRATION

**PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM**

This registration form is a legal document. Before a student can be registered by the school, this form must be completed in its entirety and signed by the parent or legal guardian. This form is used to enrol a student who is new to Sudan International Grammar School, or who is returning to the school.

<b>Office Use Only</b>			Date of Registration			D	M	Y
Student ID						Program		
Grade		Room		First Day of School	D	M	Y	

<b>STUDENT INFORMATION</b>				Print the student's legal surname (last name) and given names below. These are the names on the student's Passport.															
Student's Legal First Name																			
Student's Legal Last Name																			
Date of Birth				D	M	Y	<input type="checkbox"/> Male						<input type="checkbox"/> Female						
Place of Birth				Passport no.															
National ID no.				Religion		<input type="checkbox"/> Islam						<input type="checkbox"/> Christianity				<input type="checkbox"/> Other			
Desired Program (regular, e-learning, mixed)																			
Student's Residence																			
Address City																			
Primary Phone (with area code)						Student Cell Phone – Optional													

<b>SIBLINGS</b>				Please list all other siblings attending Sudan International Grammar School or other schools.											
Last Name				First Name				School				Grade			

<b>PREVIOUS SCHOOL INFORMATION</b>		
Last School Attended	Grade	Address of Former School
If your child has ever been suspended or expelled from any of their previous schools, please clarify below:		
Please list the name, city and state of schools your child has attended in the last 5 years:		



**EMERGENCY / MEDICAL INFORMATION** An emergency contact is someone who may be contacted if the student's parents/legal guardian is unavailable.

EMERGENCY CONTACTS ( <u>NOT</u> STUDENT'S PARENT/LEGAL GUARDIAN)	
Emergency Contact no.1 Name:	Relationship to Student:
Primary Phone of Emergency Contact no.1	Other Phone
Emergency Contact no.2 Name:	Relationship to Student:
Primary Phone of Emergency Contact no.2	Other Phone

**MEDICAL INFORMATION**

Please provide information on medical concerns, as this information could be crucial to the well-being of the student. Are there any serious medical conditions about which you wish the school to be aware? Please indicate below:

Eye Sight problems  
  Hearing problems  
  Allergies (please specify)  
  Heart Condition  
  Asthma  
 Other (please specify)

Medical Notes:

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**TRANSPORT DETAILS**

If you wish for **Sudan International Grammar School** to provide transportation for your child, please fill out the information below for **section A**. If you will be providing the transportation for your child, please fill out the information below for **Section B**.

<b>A. School Service plan (choose ONE of the following):</b>  <input type="checkbox"/> ROUND TRIP ( <i>home to school; school to home; same route</i> ) <input type="checkbox"/> ROUND TRIP ( <i>home to school; school to home; different route</i> ) <input type="checkbox"/> MORNING ONLY ( <i>home to school only</i> ) <input type="checkbox"/> AFTERNOON ONLY ( <i>school to home only</i> )	<b>Address conformation:</b>  Pick-up address: <input type="checkbox"/> Use Home address ( <i>above</i> ) Other address, please specify: _____ _____ Drop-off address: <input type="checkbox"/> Use Home address ( <i>above</i> ) Other address, please specify: _____ _____
<b>B. Transportation provided by Parents/legal Guardian or family member:</b> (please provide names of all authorized people who will be responsible for Pick-up of child)	
Name:	Relationship to Student:
Name:	Relationship to Student:
Name:	Relationship to Student:

## Language Survey

Information about the student's language helps us identify any problems that students may face in learning, allowing us to help develop the language skills necessary for success in school.

A. What languages does your child speak? *(please state these in order of ability)*

B. What language did your child learn first?

C. What language does your child use the most at home?

D. What is the primary language used in the home, regardless of the language spoken by your child?

E. Has your child received education in English in a previous school?

F. Has your child had any private lessons in/for English?

G. Has your child ever received formal education outside of Sudan? *(Kindergarten - 11<sup>th</sup> grade)*

## REQUIRED DOCUMENTS

All students must provide the following documents in order for the application to be processed, failure to provide the required documents will lead to a rejection of the application.

	Submit completed registration form.
	2 Passport size photographs.
	Submit copy of Passport.
	Submit copy of Birth Certificate.
	Provide past two years of academic transcripts from previous schools.
	Provide inoculation records
	In case of medical disabilities, provide a doctor's report.

## OFFICE USE ONLY

STUDENT ACCEPTED:	YES	NO
SIBLING DISCOUNT APPLICABLE:	YES	NO
<i>(if YES specify)</i>		
SCHOLARSHIP APPLICABLE:	YES	NO
<i>(if YES specify)</i>		
TUITION FEES STRUCTURE:		

**DECLARATION BY PARENT, LEGAL GUARDIAN.**

The information provided in this document is true, correct and complete. I have identified all parents and legal guardians for this student. The individuals identified in the 'parents/legal guardian' section have the right to view student information and make educational decisions for this child. In addition, I (undersigned) hereby agree and acknowledge that once the school registration/tuition fees are paid, they are **NOT** refundable under any circumstance.

Further, I recognize that it is my responsibility to notify my child's school should the above information change.

Date:	D	M	Y	Name:															
Parent/Legal Guardian Signature:												Admin Signature:							