

Registration Form

Academic Year 2024 / 2025

For School Use Only (Do not fill-up this portion)	
Accepted in Grade:	_____
For Academic Year:	_____
Arabic Language:	<input type="checkbox"/> Regular <input type="checkbox"/> AFL
Islamic Studies:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Regular/ <input type="checkbox"/> ISFF
Date: _____	Parent's ID Number: _____

INFORMATION ABOUT THE LEARNER

Name on Passport :	_____	_____	_____
	(First Name)	(Middle Name)	(Family Name)
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Date of Birth: (dd/mm/yy)	_____		
Place of Birth:	_____		
Nationality:	_____		
Other Nationalities:	_____		
Native Language:	_____		
Religion:	<input type="checkbox"/> Muslim	<input type="checkbox"/> Christian	<input type="checkbox"/> Others

Previous Schools Record:

School Name	Grade (s)	Years of Attendance	Country

Father's Details

Father's Name	_____	_____	_____
	(First Name)	(Middle Name)	(Family Name)
Nationality:	_____		
Job Title:	_____		
Company's Name:	_____		
Work Phone No:	_____	Fax Number:	_____
Mobile Phone No:	_____	P.O. Box :	_____
Home Phone No:	_____		
Home Address:	_____		
E-mail Address:	_____		

Mother's Details

Mother's Name	_____	_____	_____
	(First Name)	(Middle Name)	(Family Name)
Nationality:	_____		
Job Title:	_____		
Company's Name:	_____		
Work Phone No:	_____	Fax Number:	_____
Mobile Phone No:	_____	P.O. Box :	_____
Home Phone No:	_____		
Home Address:	_____		
E-mail Address:	_____		

Transportation Means

- School Bus : (Please fill in the School Bus Transportation Form)
- Private : (Please fill the Private Transportation Authorization Form)

ADDITIONAL INFORMATION

1- How would you describe your child as a learner, both academically and behaviorally?

2- What are the reasons for taking your child out of his/ her previous school? Explain.

3- Are there any family circumstances the school administration should be aware of (Deceased / Divorced or separated parents \ others) Explain.

4- Are there any developmental problems or medical issues that might require additional help or support? Explain.

5- How did you hear about PPS?

- Website
- Advertisement (please specify) _____
- Friends (please specify) _____
- Others _____

Please note that a non-refundable amount of DHS 1,500 is charged upon registration for every child.

It is deducted from the third payment of tuition fees. Kindly refer to the School fees schedule and refund policy for more detailed information on fees payment, due date and refund rules.

I hereby certify that ALL information mentioned above is accurate and reliable.

Should my child\ children be admitted to PPS, I hereby acknowledge that I have read and accepted the school's rules and regulations as published on the school website.

Parent's Signature: _____

Date: _____