



International School of Oman
المدرسة العمانية العالمية

Student Application Form

Academic Year 2024/2025

FOR SCHOOL USE ONLY

Name: _____	
RECENT PHOTOGRAPH (Please attach recent photo)	Tested On <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	May register for: <input type="text"/> <input type="text"/> Provisional class Final decision
Signature: _____	Status of application: Preliminary <input type="checkbox"/> Accepted <input type="checkbox"/> Tested <input type="checkbox"/> Result out <input type="checkbox"/> Summer school <input type="checkbox"/> /specialMath <input type="checkbox"/> /special English <input type="checkbox"/>
Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Registration No: _____
2nd Language: <input type="checkbox"/> Arabic <input type="checkbox"/> French	Family No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Parents informed: Date : _____ By: _____ Contact: _____ Medium: _____	Fees %: _____ Fees paid: _____ Date: _____ Accountant's signature _____

Requested Documents

1) Application Form	<input type="checkbox"/>
2) 6 passport photographs	<input type="checkbox"/>
3) Medical Form + Vaccination Card Copy	<input type="checkbox"/>
4) ID & Passport photocopy (parents + child)	<input type="checkbox"/>
5) Birth Certificate	<input type="checkbox"/>
6) Previous School Latest Report (if applicable)	<input type="checkbox"/>
7) Transfer Certificate (if applicable)	<input type="checkbox"/>
8) Financial Guarantee Form	<input type="checkbox"/>
9) Registration Terms and Conditions Form	<input type="checkbox"/>
10) Diagnostic Tests	<input type="checkbox"/>
11) School Transport Form	<input type="checkbox"/>



International School of Oman

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Student Application Form

Academic Year 2024/2025

Please Fill in Completely

Date of application:	<input type="text"/> / <input type="text"/> / <input type="text"/>	For the academic year	<input type="text"/> / <input type="text"/>
Applying to grade _____			
Name:	_____	_____	_____
	Student's first name	Father's name	Grandfather's name
			Family name

Nationality:	_____	Passport / National No:	<input type="text"/>
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Place of birth:	_____
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Language at home:	_____
Religion:	<input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Other	Other language:	_____

How did you know about our school ?

Tick if appropriate / if yes Requires school transport Map attached? **(Transport and lunch are optional with extra fees)**

Previous School: _____ Country: _____

Class: _____ Year _____ Medical problems Please complete the attached medical form

Brothers / Sisters: (names & ages please)

Brothers Names	Age	Sisters Names	Age



International School of Oman

المدرسة العمانية العالمية

*** Name of the guardian to whom school reports and other correspondence should be addressed:**

1	(Dr./Mr./Mrs.) _____	Relationship to student: _____		
	Company name: _____	Occupation: _____		
	Business Address _____	Home Address: _____		
	Mailing Address _____	E-mail: _____		
	_____	_____	_____	_____
	Office Tel	Home Tel	Mobile No.	Fax No.

2	(Dr./Mr./Mrs.) _____	Relationship to student: _____		
	Company name: _____	Occupation: _____		
	Business Address _____	Home Address: _____		
	Mailing Address _____	E-mail: _____		
	_____	_____	_____	_____
	Office Tel	Home Tel	Mobile No.	Fax No.

Name: _____

Date: _____/_____/_____

Signature: _____