



مدرسة الأكاديمية الدولية بالكويت International Academy of Kuwait

Application Form 2020/2021

Student's Full Name: _____
Gender: Male Female Date of Birth: _____ Place of Birth: _____
Nationality: _____ Religion: _____ Class Applying for: _____
Previous School (if applicable): Inside Kuwait Outside Kuwait
Student's Civil ID : _____ Expiry Date: _____
Home Address: _____ Home Telephone: _____

Languages spoken at home: _____
Are there siblings applying to IAK: Yes No (If Yes) Which Class/s: _____

- Last three schools attended (if applicable):

	School Name	Country	Year(s)
1.			
2.			
3.			

- Parents Details:

Father's or Guardian's Details

Mother's Details

Name: _____
Nationality: _____
Civil ID: _____
Workplace: _____
Occupation: _____
Work Address: _____
Work Telephone: _____
Mobile: _____
Email: _____

Name: _____
Nationality: _____
Civil ID: _____
Workplace: _____
Occupation: _____
Work Address: _____
Work Telephone: _____
Mobile: _____
Email: _____

Relation to the Student (If you are Guardian)

- If the applicant has brothers and sisters already registered at the school, please give their details:

	Name	Year Level
1.		
2.		
3.		



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▪ **Student Health:**

Please tick if your child suffers from any of the following:

- | | | | |
|--|-----------------------------------|--|----------------------------------|
| <input type="checkbox"/> Blood Disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Allergy |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Asthma | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Cardiac |

If you ticked any of the above, please provide details and medical reports.

If your child suffers from any other chronic medical condition, provide details and attach copy of the medical report.

▪ **Transportation:**

If school transportation is required, please provide the full address:

Area: _____ Block: _____ Street: _____
Avenue: _____ Apartment Number: _____ House Number: _____

• **Kindly note that the fees for the entrance exam or interview are 20KD non-refundable under any circumstances.**

▪ **Declaration:**

I state that all the information I have provided above is true and accurate. I have not omitted any information.

Name of the Parent/Guardian: _____

Signature: _____ Date: _____

