



SHEIKH ZAYED INTERNATIONAL ACADEMY - ISLAMABAD

أكاديمية الشيخ زايد الدولية - إسلام آباد

REG. NO: _____

DATE : _____

REGISTRATION FORM

Student Name: _____
First Middle Last

Sex: _____ Male _____ Female

Date of Birth: _____
Month Day Year

Place of Birth: _____

Nationality: 1st 2nd 3rd

Passport No: _____

Full Address: _____

Last School Attended: _____

Last Grade Level: _____

Number of Years: _____

Mailing Address: _____

Contact Numbers (Including International Code): _____

Website / e-mail: _____

Father's name : _____

Mother's Name: _____

Occupation: _____

Occupation: _____

Home Telephone #: _____

Mobile: _____

Mobile: _____

E-Mail: _____

Work Telephone #: _____

E-Mail: _____

Please Attach 6 Photographs, photocopy of Passport/ Birth Certificate, School Leaving Certificate & Report Cards + Behavior Report of the Two Previous Academic Years.

Person to be contacted in case of emergency:

Name : _____

Relation : _____

Contact no : _____

For office use only

Accepted

Not Accepted

Grade Level: _____

Reservations : _____

Remarks : _____

_____.

Principal's Signature : _____

Date : _____