DUBAI ENGLISH SPEAKING COLLEGE
APPLICATION FORM

(For office use only)

Date Application Received:	Receipt No:	Test Date:
Year:	Class:	House:

To enable this application to be processed, all sections must be completed and all requested documents supplied.

First Name:	**Middle name:**	**Family Name:**

Nationality:	**Country of Birth:**	**Date of Birth:** **Age: Years Months**

Male / Female:	**Religion:**	**First Language:** **Other languages:**

Proposed Start Date: **Age at start date: Years Months**	**Current Year:**	**Year applying for:**

Parent's Details	***Father / Stepfather / Guardian** **(*Please delete as applicable)**	***Mother / Stepmother / Guardian** **(*Please delete as applicable)**
Name:		
Nationality:		
Occupation:		
Company Name:		
Contact Details:	**Home:** **Work:** **Mobile:** **Email:**	**Home:** **Work:** **Mobile:** **Email:**
Mailing Address:		
Is there any siblings currently attending DESC or DESS? **YES / NO** **Name:** **Year:**		
Are you applying for any siblings for DESC or DESS? **YES / NO** (please give details)		

Please submit the following documents along with your application:

	Please Tick	Staff Use Only
6 passport photographs		
2 copies of birth certificate		
2 copies of passport		
2 copies of residence visa page (when issued)		
2 copies of latest school report		

NB. If the applicant is successful a Transfer/Leaving Certificate must be submitted on the proposed start date.

Entry Requirements:

- Applications must be submitted will ALL the required documents and will not be processed if incomplete.
- Applicants are required to take two entrance assessments
- An interview may be required depending on individual circumstances
- Admission is at the discretion of the school and any final decision is held with the Headteacher

I understand that all tuition fees are non-refundable and non-transferable. I declare that I am the applicant's parent/legal guardian and that the information provided is correct:

Signature of Parent/Guardian: _____ Date: _____

If you have any further queries then please contact the registrar at registrar@descdxb.com or on +971 (0)4 3604866

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Details of schools	Current School	Previous School
Name of School:		
Address of School:		
Telephone Number:		
Email address:		
Dates attended:		

Has your child ever been on any part of the UK code of practice – Special Needs Procedure? (if yes please give details and supporting documents)	**YES / NO**
Is your child currently receiving any extra teaching support? (if yes please give details and supporting documents)	**YES / NO**
Has your child ever been referred to an Educational Psychologist or Speech Therapist? (if yes please give details and supporting documents)	**YES / NO**
Has your child ever been excluded or suspended from school? (if yes please give details)	**YES / NO**
Does your child have any medical condition that requires regular treatment? (if yes please give details)	**YES / NO**
Has your child previously taken any GCSE or A-Level Examinations? (if yes please give details)	**YES / NO**

Comments: (hobbies, interests etc)

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