



DUBAI ENGLISH SPEAKING SCHOOL/COLLEGE APPLICATION FORM



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

STUDENT DETAILS:

Family Name: _____ First Name: _____ Middle Name: _____

Nationality: _____ Date of Birth: _____ Religion: _____ Male Female

Country of Birth: _____ First Language: _____

Fluency in English: YES / NO Fluency in French: YES / SEMI / NO

Hobbies/Interests: _____

Proposed Start Date: _____ Age At Start Date: _____
Months and Years

Most Recent Grade/Year Completed: _____ Grade/Year Required: _____

Current School: Name and Address _____

Tel/Fax: _____ E-mail: _____

Dates attended: _____

Previous School: Name and Address _____

Tel/Fax: _____ E-mail: _____

Dates attended: _____

Please answer all of the questions below. If the answer to any is YES, please give details below.

- a) Has your child ever been on any part of the UK Code of Practice – Special Needs procedure? YES NO
- b) Has your child ever been removed from the classroom for extra teaching support? YES NO
- c) Has your child ever been referred to an Educational Psychologist or Speech Therapist? YES NO
- d) During the past two years, has any school, through suspension or exclusion, excluded your child? YES NO
- e) Does your child have any known medical condition that requires regular treatment? YES NO
- f) Does your child potentially have any special educational support requirements? YES NO
- g) Has your child previously sat any GCSE or A-Level examinations? YES NO

P O Box 2002, Dubai

Primary School - Tel: 00971-4-3371457, Fax: 00971-4-3378932, Email: admissions@dessdx.com

Secondary School - Tel: 00971-4-3604866, Fax: 00971-4-3604864, Email: registrar@descdx.com

PARENTS' DETAILS:		
	<i>Father</i>	<i>Mother</i>
Name:		
Nationality:		
Occupation:		
Company Name:		
Telephone Numbers:	Home: Work: Mobile: Emergency Contact:	Home: Work: Mobile: Emergency Contact:
Fax No:	Email:	Email:
Correspondence Address:		
Invoice To Be Sent To:		
Sibling Applications:	Name:	Year Applied For:
Sibling's Currently Attending DESS or DES College:	Name:	Current Year:

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 with residence visa page		
2 copies of latest school report		
Transfer/Leaving Certificate(to be supplied should a place be offered)		

**Admission is at the discretion of the school.
An assessment may be necessary and you will be contacted in due course.**

I understand that all application and tuition fees are non-refundable and non-transferable. I declare that I am the child's parent/legal guardian and that the information given in this application is correct:

Signature of Parent/Guardian: _____ Date: _____

Thank you for taking the time to complete the application form. Should you have any queries, please do not hesitate to contact the Primary or Secondary school directly.

OFFICE USE ONLY

Date Application Received: _____ Receipt No: _____ Date of Entry: _____

Year	Class	House