

# REGISTRATION FORM

*Please attach  
a recent photograph*

Registration no: \_\_\_\_\_ Admission no: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Nationality: \_\_\_\_\_  
 Gender:  Male  Female

## ADDITIONAL INFORMATION

Place of Birth: \_\_\_\_\_ Religion (optional): \_\_\_\_\_  
 Number of years living in the UAE: \_\_\_\_\_  
 Languages spoken at home: \_\_\_\_\_  
 Languages student speaks fluently: \_\_\_\_\_  
 Visa status: resident/other (please specify): \_\_\_\_\_ Visa valid until: \_\_\_\_\_  
*(Proof of residency in the UAE is required upon acceptance of registration)*

## HOME ADDRESS

Building Name, Villa/Apartment No: \_\_\_\_\_  
 Street Name: \_\_\_\_\_ Area: \_\_\_\_\_  
 Emirate: \_\_\_\_\_ P. O. Box: \_\_\_\_\_  
 Home Landline No: \_\_\_\_\_

## PARENT/GUARDIAN DETAILS

	Parent/Guardian 1	Parent/Guardian 2
Full name		
Nationality		
Relationship to student		
Language		
Occupation		
Company/employer		
Work phone number		
Mobile phone number		
Email address		

Is the child subject to any legal custody order?  Yes  No  
 If yes, please provide details: \_\_\_\_\_

## MEDICAL INFORMATION

Has your child received a diagnosis?  Yes  No

If yes, what is it? \_\_\_\_\_  
\_\_\_\_\_

Date of the diagnosis received: \_\_\_\_\_

Diagnosis made by: \_\_\_\_\_

Is your child currently taking regular medication:  Yes  No

If yes, please provide details: \_\_\_\_\_

Does your child speak?  Yes, fluently  Sentences only  Words only  No Speech

Please tick the following as applicable:

- My child can eat independently  My child can use the toilet independently  
 My child can dress him/herself independently  My child can move about independently

*Please provide any specific details which may help us to help your child learn more effectively:*

## EMERGENCY CONTACTS (when parents are not available)

Name	Relationship	Mobile number

## OTHER FAMILY MEMBERS RESIDING WITH THE STUDENT

Name	Gender	D.O.B.	School/University/Place of Work	Relationship

## PREVIOUS EDUCATION

Is the student currently attending any school/centre?  Yes  No

Please provide details of current and previous education:

Name of Kindergarden/School/Center	Attended From - To	Class/level completed	Address and contact number

Does the student have a current IEP (Individual Education Plan)?  Yes  No

I, undersigned, hereby acknowledge and accept that:

- The purpose of Initial Screening is to advise and recommend the appropriate services for my child at Manzil or at any other institution
- Initial screening does not guarantee admission to Manzil Programs
- A verbal report will be given after the initial screening
- Admission will be given at the discretion of Head of Programs

\_\_\_\_\_  
Parent/Legal guardian

\_\_\_\_\_  
Date

Please submit the registration form along with the following:

- Medical/diagnostic reports
- Child's copy of the EID, passport and visa
- Registration fee AED 525 (we accept payment by cash or credit/debit card)

## FOR OFFICIAL USE ONLY

Registration Fee (Including 5% VAT): \_\_\_\_\_

Payment Received Date: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Admission Offered:  Yes  No

Morning School  Afternoon School  Individual Therapy Session

Admission Offer Letter Sent Date: \_\_\_\_\_

Admission Accepted by Parents:  Yes  No

If accepted, start date: \_\_\_\_\_

If not accepted, please state the reason: \_\_\_\_\_

\_\_\_\_\_