

photograph



TABEETHA SCHOOL IN JAFFA
Amuta number 580500601
21 Yefet St., P.O.B. 8170
Jaffa 61081 Israel



APPLICATION/REGISTRATION FORM

DATE OF APPLICATION:			
PROPOSED DATE OF ENTRY INTO TABEETHA:		LENGTH OF STAY (IF EX-PAT)	
FAMILY NAME:		FIRST NAME	
DATE OF BIRTH:	DAY	MONTH	YEAR
MALE/FEMALE:		ALUMNI YES / NO	
RELIGION	NATIONALITY	COUNTRY OF BIRTH	
ISRAELI IDENTITY CARD NUMBER (if Israeli citizen): Please supply copy of the main page of your child's identity card			
PASSPORT NUMBER (if not Israeli citizen): Please supply copy of main page of your child's passport.			
ADDRESS: CITY NAME OF STREET HOUSE NO. APARTMENT NO. AREA CODE			
TELEPHONE NUMBER(S): Home:		Work:	
MOBILE NUMBER(S):			
E-mail:			
FATHER'S / GUARDIAN'S NAME		OCCUPATION	
FATHER'S / GUARDIAN'S ID / PASSPORT NUMBER			
MOTHER'S / GUARDIAN'S NAME		OCCUPATION	
MOTHER'S / GUARDIAN'S ID / PASSPORT NUMBER			
DOES THIS CHILD SPEAK, READ, WRITE IN ENGLISH		YES / NO	
CHILD'S MEDICAL CONDITIONS and/or SPECIAL LEARNING NEEDS (attach sheet if more space is needed)			
CHILD'S ALLERGIES (attach sheet if more space is needed)			
SIBLINGS IN SCHOOL: NAME		GRADE	
1.			
2.			
3.			
4.			

PLEASE READ AND SIGN THE BACK OF THE SHEET →

Why do you want your child in Tabeetha School?

Do you speak English? Mum _____ Dad _____

DETAILS FOR SIGNING

- 1. I know that the school is a Christian Institution and that attendance at Assembly is required by all students.**
- 2. I understand that placement in a class lies with the Principal and the School Board who also have the final say on dismissing any pupil from the school if it is considered necessary.**
- 3. I will ensure that my child wears school uniform and behaves appropriately.**
- 4. I undertake to accept and abide by school rules and policies, acknowledging that there are consequences for non-compliance.**
- 5. I have included references/reports from previous educational institutions**
- 6. I undertake to arrange for my child to get to school on time.**
- 7. I undertake to ensure that the payment of fees is up to date.**
- 8. In the event of having to withdraw my child before the end of a session, I agree to give two months prior notice in writing or to pay two months fees in lieu of notice.**
- 9. I understand that, in the event of my child being tested for any learning difficulty, I must release the findings of the specialist to the school management team.**
- 10. I have notified the school of the medical/learning needs my child has.**
- 11. I understand that all registration and testing fees are non-refundable.**

SIGNATURE: DATE:

For Office Use Only		
REGISTRATION FEE: NIS		
TEST OUTCOME		GRADE
SIGNATURE:	DATE OF REGISTRATION	DATE OF ADMISSION
DATE OF LEAVING	REASON	