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בית-ספר טביטה
רח' יפת 21, ת.ד. 8170
61081 - יפא

TABEETHA SCHOOL IN JAFFA

Amuta number 580500601

21 Yefet St., P.O.B. 8170
Jaffa 61081 Israel



مدرسة طيبته
شارع يفت 21، ع.ب. 8170
يافا 61081

APPLICATION/REGISTRATION FORM

STUDENT INFORMATION ACCORDING TO ISRAELI ID NUMBER OR PASSPORT

| | | |
|--|---|-----------|
| DATE OF APPLICATION: | LENGTH OF STAY: | |
| REQUESTED DATE OF ENTRY INTO TABEETHA: | NATIONALITY: | |
| FAMILY NAME OF STUDENT: | ISRAELI ID NUMBER: | PASSPORT: |
| FIRST NAME OF STUDENT: | RELIGION: | |
| DATE OF BIRTH (DD/MM/YYYY): | COUNTRY OF BIRTH: | |
| MALE/FEMALE: | CURRENT COUNTRY OF RESIDENCE: | |
| STUDENT RESIDES WITH MOTHER/FATHER/BOTH/OTHER: | MOBILE PHONE: | |
| HOME ADDRESS: | DOES THIS STUDENT SPEAK, READ, WRITE IN ENGLISH – PLEASE CIRCLE | |

1. PARENT/GUARDIAN CONTACT DETAILS

| | | |
|-----------------------------|--------------------|-----------|
| FAMILY NAME: | ISRAELI ID NUMBER: | PASSPORT: |
| FIRST NAME: | ALUMNI YES/NO | |
| DATE OF BIRTH (DD/MM/YYYY): | COUNTRY OF BIRTH: | |
| MOBILE PHONE: | NATIONALITY: | |
| EMAIL: | MARITAL STATUS: | |
| HOME ADDRESS: | OCCUPATION: | |

2. PARENT/GUARDIAN CONTACT DETAILS

| | | |
|-----------------------------|--------------------|-----------|
| FAMILY NAME: | ISRAELI ID NUMBER: | PASSPORT: |
| FIRST NAME: | ALUMNI YES/NO | |
| DATE OF BIRTH (DD/MM/YYYY): | COUNTRY OF BIRTH: | |
| MOBILE PHONE: | NATIONALITY: | |
| EMAIL: | MARITAL STATUS: | |
| HOME ADDRESS: | OCCUPATION: | |

SIBLINGS AT TABEETHA SCHOOL:

| | |
|-------|--------|
| NAME: | GRADE: |
| NAME: | GRADE: |
| NAME: | GRADE: |

MEDICAL DETAILS:

| | | |
|---|-----|----|
| ARE THERE ANY MEDICAL ISSUES THE SCHOOL SHOULD BE AWARE OF? (ATTACH MEDICAL DOCUMENTS) | YES | NO |
| IS YOUR CHILD CURRENTLY OR PERIODICALLY TAKING MEDICATION? (ATTACH MEDICAL DOCUMENTS) | YES | NO |
| ARE THERE SPECIAL LEARNING NEEDS THE SCHOOL SHOULD BE AWARE OF? (ATTACH DOCUMENTS) | YES | NO |

Why do you want your child in Tabeetha School?

Do you speak English? MOTHER/GUARDIAN _____ FATHER/GUARDIAN _____

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 Executive Director 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 Tabeetha School uniform and behaves appropriately.
4. I confirm that I will abide by the Tabeetha school rules and policies, acknowledging that there are consequences for non-compliance.
5. I will ensure to arrange for my child to get to school on time.
6. I will ensure that the payment of fees is up to date.
7. 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.
8. 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.
9. I have notified the school of the medical/learning needs my child has.
10. I understand that all registration and testing fees are non-refundable.

Please be aware than an application **will not be processed** for admission unless the application form has been fully completed and all supporting documents listed below have been attached.

- PHOTOCOPIES OF ISRAELI ID/FOREIGN PASSPORT OF APPLICANT
- PHOTOCOPIES OF ISRAELI ID/FOREIGN PASSPORT OF EACH PARENT/GUARDIAN
- COPY OF ENTRY SLIP RECEIVED AT BORDER CONTROL UPON ENTERING THE COUNTRY IN CASE OF FOREIGN PASSPORT
- PASSPORT SIZE PHOTOGRAPH OF APPLICANT
- REPORT CARD FROM PRESENT SCHOOL

PHOTO RELEASE CONSENT:

School Website and School Media Account (Facebook)

SIGNATURE OF MOTHER/GUARDIAN _____ DATE: _____

SIGNATURE OF FATHER/GUARDIAN _____ DATE: _____