

PHOTOGRAPH	 בית-ספר טביטה רח' יפת 21, ת.ד. 8170 יפ' - 61081	TABEETHA SCHOOL IN JAFFA Amuta number 580500601 21 Yefet St., P.O.B. 8170 Jaffa 61081 Israel	 مدرسة طيثة شارع يفت ٢١، ص.ب. ٨١٧٠ يافا ٦١٠٨١
	APPLICATION FORM		

STUDENT INFORMATION ACCORDING TO ISRAELI ID NUMBER OR PASSPORT		
DATE OF APPLICATION:	EXPECTED LENGTH OF STAY (if applicable):	
REQUESTED DATE OF ENTRY INTO TABEETHA:	NATIONALITY:	
FAMILY NAME OF STUDENT:	ISRAELI ID NUMBER:	PASSPORT NUMBER:
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:	STUDENT'S FIRST LANGUAGE:	
OTHER LANGUAGES THE STUDENT CAN USE (speak, read, write). Please provide details		

PARENT / GUARDIAN CONTACT DETAILS (1)		
FAMILY NAME:	ISRAELI ID NUMBER:	PASSPORT NUMBER:
FIRST NAME:	ALUMNI: YES / NO IF YES, YEAR OF GRADUATION:	
DATE OF BIRTH (DD/MM/YYYY):	COUNTRY OF BIRTH:	
MOBILE PHONE:	NATIONALITY:	
EMAIL:	MARITAL STATUS:	
HOME ADDRESS:	OCCUPATION:	
RELATIONSHIP TO STUDENT:	LANGUAGES SPOKEN:	

PARENT / GUARDIAN CONTACT DETAILS (2)		
FAMILY NAME:	ISRAELI ID NUMBER:	PASSPORT NUMBER:
FIRST NAME:	ALUMNI: YES / NO IF YES, YEAR OF GRADUATION:	
DATE OF BIRTH (DD/MM/YYYY):	COUNTRY OF BIRTH:	
MOBILE PHONE:	NATIONALITY:	
EMAIL:	MARITAL STATUS:	
HOME ADDRESS:	OCCUPATION:	
RELATIONSHIP TO STUDENT:	LANGUAGES SPOKEN:	

MEDICAL INFORMATION		
DOES YOUR CHILD SUFFER FROM ANY MEDICAL CONDITIONS? (If yes, please provide additional details including medical documents)	YES	NO
DOES YOUR CHILD HAVE ASTHMA? (If yes, please provide additional details including medical documents)	YES	NO
DOES YOUR CHILD HAVE ALLERGIES (e.g. nuts, eggs, insects, plasters etc.)? (If yes, please provide additional details including medical documents)	YES	NO
IS YOUR CHILD CURRENTLY OR PERIODICALLY TAKING MEDICATION? (If yes, please provide additional details including medical documents)	YES	NO
DOES YOUR CHILD HAVE A KNOWN DISABILITY (e.g. mobility, vision, hearing, cognition and learning, behaviour etc.)? (If yes, please provide additional details including medical documents)	YES	NO
ADDITIONAL DETAILS:		

PREVIOUS EDUCATIONAL HISTORY FROM BIRTH			
SCHOOL NAME AND LOCATION	DATE OF ARRIVAL	DATE OF LEAVING	REASON FOR LEAVING

EDUCATIONAL INFORMATION
WHY IS YOUR CHILD LEAVING THEIR PREVIOUS SCHOOL? Please provide details
WHY DO YOU WANT YOUR CHILD TO BE EDUCATED AT TABEETHA SCHOOL?

SIBLINGS AT TABEETHA SCHOOL	
NAME:	GRADE:
NAME:	GRADE:
NAME:	GRADE:

PARENT / GUARDIAN RESPONSIBILITIES

1. I understand that the school is a Christian institution and that attendance at assembly is required by all pupils.
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 the payment of fees and exams, as applicable, are up to date and the school reserves the right to withhold official documents, such as reports and certificates, if fees remain outstanding.
4. In the event of having to withdraw my child before the end of a term, I agree to give two months' prior notice in writing or to pay two months' fees in lieu of notice.
5. I understand that all registration and testing fees are non-refundable.
6. I understand that, in the event of my child being assessed for any learning need, I must release the findings of the specialist to the School Management Team.
7. I have notified the school of the medical and learning needs my child has and will ensure that the school is kept updated.
8. I confirm that I will abide by the Tabeetha School expectations and policies, acknowledging that there are consequences for non-compliance.
9. I will ensure that my child wears the Tabeetha School uniform and behaves in accordance with the school's behaviour policy.
10. I will ensure my child's regular attendance and punctuality at school, and I understand that holidays should not be taken during term time except in exceptional circumstances approved by the school.

REQUIRED DOCUMENTATION

Please be aware that applications will not be processed unless the application form is fully completed and all supporting documents are attached:

Photocopies of the Israeli ID / foreign passport of the applicant

Photocopies of the Israeli ID / foreign passport of each parent/guardian

Copy of the entry slip received at border control (for foreign passport holders)

Passport-size photograph of the applicant

Most recent report card from the current school

Medical documentation, as required

Documentation relating to learning needs, as required

ANY OTHER INFORMATION

Please provide any additional information you feel is important for the school to know about your child

SIGNATURES

SIGNATURE OF PARENT / GUARDIAN:	RELATIONSHIP TO STUDENT:	DATE:
SIGNATURE OF PARENT / GUARDIAN:	RELATIONSHIP TO STUDENT:	DATE:

Please submit completed forms to office@tabeethaschool.org