



2022/2023

Attach  
Photographs  
Here

**For Administrative Use Only**

Student ID : \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Date : \_\_\_\_\_

Current Grade   
 Grade applied for

**Student Data**

\*Student Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(Month) (Day) (Year)

\*Age (1<sup>st</sup> of October) : \_\_\_\_\_

\*Religion : \_\_\_\_\_

\*Nationality : \_\_\_\_\_

\*Home Address: \_\_\_\_\_

\*Home Tel. : \_\_\_\_\_ \*Cell Phone: \_\_\_\_\_

**\*\*Previous nursery / School attended:**

\*Present School: \_\_\_\_\_

\*Attendance From: \_\_\_\_\_ To: \_\_\_\_\_

\*School Address: \_\_\_\_\_

\*\* Language most commonly spoken at home: \_\_\_\_\_

\*\*Does your child speak any other language?  
\_\_\_\_\_

\*\*What is your child's attitude towards school?

Very Good     Good     Fair     Negative

\*\*Does your child have any health problem(s)? If yes please specify.....  
\_\_\_\_\_

\*\*Will the student require bus transportation?

Yes                      No

**\*\*Other children in this family:**

\*Name: \_\_\_\_\_ \*Sex: (F) - (M) \*Age: \_\_\_\_\_ \*School: \_\_\_\_\_

\*Name: \_\_\_\_\_ \*Sex: (F) - (M) \*Age: \_\_\_\_\_ \*School: \_\_\_\_\_

\*Name: \_\_\_\_\_ \*Sex: (F) - (M) \*Age: \_\_\_\_\_ \*School: \_\_\_\_\_

\*Name: \_\_\_\_\_ \*Sex: (F) - (M) \*Age: \_\_\_\_\_ \*School: \_\_\_\_\_

- New comers are to choose either French  / German  for the second language.

**Parents Data**

**(1) Father Name** : \_\_\_\_\_

\*Nationality : \_\_\_\_\_

\*Occupation : \_\_\_\_\_

\*Cell Phone : \_\_\_\_\_

\*Business Tel. : \_\_\_\_\_

\*Business Add. : \_\_\_\_\_

\*E-Mail : \_\_\_\_\_

**(2) Mother Name:** \_\_\_\_\_

\*Nationality: \_\_\_\_\_

\*Occupation: \_\_\_\_\_

\*Cell Phone: \_\_\_\_\_

\*Business Tel.: \_\_\_\_\_

\*Business Add.: \_\_\_\_\_

\*E-Mail: \_\_\_\_\_

\*Parental Marital Status:  Married  Separated  Divorced

**\*\*In the case of emergency and if the school is unable to contact the parents, please notify:**

\*Name: \_\_\_\_\_ \*Relationship to Student: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*Home Tel.: \_\_\_\_\_

\_\_\_\_\_ \*Business Tel.: \_\_\_\_\_

\_\_\_\_\_ \*Cell Phone: \_\_\_\_\_

## Payment Policy

**\* PLEASE READ THOROUGHLY AND SIGN THE PAYMENT POLICY**

**\*\* school fees are to be paid in full upon approval.**

Parents are committed to pay any changes in educational fees that may occur based on the instruction of MOE.

- Admission and Registration fees are non refundable.
- In case of withdrawal before September 1<sup>st</sup>, total school fees are refundable except for 10 % administrative fees.
- In case of withdrawal within the first term, half of the tuition fees for the whole school year is refundable.
- In case of withdrawal after the first term, all year tuitions are non-refundable.

أقر انا ولى أمر الطالبه .....  
بأننى على علم بمصروفات المدرسه بالكامل ومواعيد واقساط الدفع ولائحتها الداخليه.-  
بالالتزام باحضار الاوراق المطلوبه لتسجيل الطالبه فى سجلات المدرسه فى موعد اقصاه 15 اغسطس 2022 وبعد  
هذا الميعاد المدرسه غير مسؤله عن تسجيل الطالبه.

### **\*\*Parent Declaration**

I hereby declare that all the above information is true and my child will abide by the rules and regulations of the school. I understand and accept the school policies. I authorize Cairo Modern International School to administer all procedures and methods it seems necessary to provide my child with the best academic and educational assistance.

- The school can use my daughter's photos at school for media.
- I am to abide by school internal and regular bylaws.

**\*Signature of Parent/ Guardian:** \_\_\_\_\_

**\*Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

\*Acceptance: Yes \_\_\_\_\_ No \_\_\_\_\_

\*Academic Year: \_\_\_\_\_

\* Admin.'s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Account's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Conditions (if any):**

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**Documents received**

1. Eight recent personal photos (size 4×6).	( )
2. Academic records / Reports for the past 3 years.	( )
3. computerized birth certificate	( )
4. Photocopy of passport (Non Egyptian only)	( )
5. Photocopy of parent's ID.	( )
6. School transfer papers stamped from the ministry.	( )
7. Vaccination certificate is required.	

**2022/2023**

**MEDICAL FORM**

***\*IT IS IMPERATIVE FOR THE STUDENT'S WELFARE THAT THIS SECTION OF THE APPLICATION FORM BE COMPLETED THOROUGHLY:***

1. Name of Student: \_\_\_\_\_  
2. Academic Year: \_\_\_\_\_  
3. Age: \_\_\_\_\_  
4. Home Telephone: \_\_\_\_\_  
5. Mobile Number (s): \_\_\_\_\_  
6. In case of an emergency and if the school is unable to contact the parents, please notify:  
Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Mobile Number (s): \_\_\_\_\_  
7. Do you agree that the school supervises your child's vaccinations periodically and as indicated by and under the supervision of the Ministry of Health:

Yes

No. If so, please realize that you as a parent are therefore responsible for all your child's future vaccinations which the Ministry of Health will ask you to verify

8. Does the student suffer from one or more of the following? If so, please give details:

	Yes	No	Please give details
*Chest Asthma			
*Food Allergies			
*Drug Allergies			
*Diabetes			
*Past history of surgery			
*Convulsions due to high fever			
*Other, Please give details :			

9. Name of Pediatrician / Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_  
10. A copy of the vaccination certificate of the child is required.

2022/2023

**(Transportation Record)**

\* Student Name: \_\_\_\_\_

\*Academic Year: \_\_\_\_\_

\*Sisters in the school:

-Name: \_\_\_\_\_ -Academic Year: \_\_\_\_\_

-Name: \_\_\_\_\_ -Academic Year: \_\_\_\_\_

-Name: \_\_\_\_\_ -Academic Year: \_\_\_\_\_

\*Address:

**\*\* (In English):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Home Tel.:** \_\_\_\_\_ **\*\*Business Tel.:** \_\_\_\_\_

**\*\*Cell Phone:** \_\_\_\_\_

**\*\* (باللغة العربية):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **\*\*تليفون المنزل:** \_\_\_\_\_ **\*\*تليفون العمل:** \_\_\_\_\_

\_\_\_\_\_ **\*\*التليفون المحمول:** \_\_\_\_\_

**2022/2023**

**DRUG TESTING POLICY (for middle and high school applicant only)**

The use of illegal substances and drugs is harmful to students and detrimental to the educational process. Students use and/ or possession of these substances will not be tolerated. CMIS reserves the right to conduct random drug tests without obtaining the parent/guardian permission.

Students found in possession of controlled, illegal substances, drug paraphernalia, or engaging in the sale and/ or distribution of illegal substance or testing positive for a controlled substance will face immediate suspension or expulsion from the school. There is no refund of tuition fees due to expulsion.

Signature of Parent/Guardian: -----

Date:-----