



Registration Form

Please email your completed registration form to admissions@almaha.edu.om

Student
Photo

Student's Details

Family Name

Given Name(s)

Gender Male Female

Nationality

Place of Birth

Date of Birth (dd/mm/yy)/...../.....

Religion

Languages Spoken

Previous School Attended (if applicable)

Name of School Grade / Level Year

Name of School Grade / Level Year

Student Background

Please inform us of any factors, which may affect your child's educational performance

Has your child ever been assessed by an Educational Psychologist? Yes / No

Has your child ever received additional support? Yes / No

If you answered "Yes" to any of the questions above, please give details:

.....

.....

.....

.....



Medical Information

Does your child suffer from, or have they previously had any medical conditions? Yes / No
If yes, please provide details:

.....
.....

Does your child suffer from, or have they had, any of the following conditions?

Asthma: Yes / No

Allergies Yes / No

Diabetes: Yes / No

Epilepsy / Seizures Yes / No

Other (Please specify)

.....

Does your child currently take any medication? Yes / No
If yes, please provide details.

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Immunization History:

Please attach a copy of your child's immunization record to this form

Other Information

Please give any further information about your child:

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.....
.....
.....



Parent's Details

	Father	Mother
Name
Nationality
Mobile Number
First Language
E-mail Address
Employer
Office Number
School Payments will be paid by	
Invoice Address	

Emergency Contact Details (in case we're not able to contact the parents)

Name	Relationship to Child
Mobile Number	

Authorized Person To Collect Student From The School

1. Name	Relationship to Child
Mobile Number	
2. Name	Relationship to Child
Mobile Number	

Parent Check List

- Registration form (completed)
- Passport copy of child
- Recent passport photograph of child
- Latest school report if available
- Passport copy and identity card copy of parents

Parent's Signature Date

