

Ajial Al Khamsa Kindergarten affiliated with Modern Montessori Kindergarten



Recent Photo of Child

For Administration Use Only						
KG Principal	Registration Dept.	Student's No.	Accounting Dept.			

Ajial Al Khamsa Kindergarten

TEL: 9627 - 799000850 FAX: P.O.BOX - 1305 Aqaba 77110 JORDAN

	E-mail: info@ajial5.com Website:	www.ajial5.com	
	Personal Informat	tion	
First Name	Fa	ther's Name	
Middle Name	F.	amily Name	
Full Name As In Passport			
Date Of Birth	Place	Gender Male	☐ Female
Nationality	Mother Tongue	Religion	
Grade Applying For	Academic Ye	ear	
	Last Kindergarten At	tended	
Name	Country	Grade	Year
	Prothers and Sisters in th	a Airal VC	
Name	Brothers and Sisters in th		Vasa
Name		Grade	Year
	Parents		
Father's Name			
Nationality	National No. Or Passpo	ort No. for Non-Jordanian	
Occupation		ace of Work	
Occupation	Plo	ace of work	
Telephone No.	P.O. Box	Area Code No.	
Mobile No.	Fax No.		
Email			
			

Nationality									
			Nation	nal No. Or P	assport No.	For Non	Jordani	an	
Occupation					Place of W	ork			
Telephone No.			P.O. Box				Area (Code No.	
Mobile No.			Fax No.						
Email									
			Но	me Addr	ress				
Area		Street			House No.			Tel. No.	
las your child eventes Down No yes, please spec									
as your child eve yes, please spec		sed with ar	ny psycholo	gical and/	or behavio	ral probl	ems?	□ Yes	□ No
o daily accompa therwise in writte or emergency me	ny my son / c en. edical attentior	laughter fr n, we hereb	om the sch	ool on the	rn Montess		l day,		·
o daily accompa therwise in writte or emergency me o the designat	ny my son / c en. edical attention ed hospital and	laughter fr n, we hereb I give cons	om the sch	ool on the the Mode ecessary tr	rn Montess reatment.		l day,	unless yo	·
o daily accompa therwise in writte or emergency me the designat	ny my son / c en. edical attention ed hospital and	laughter fr n, we hereb I give cons	om the sch	the Mode ecessary tr	rn Montess reatment.		l day,	unless yo	·
by authorize Mr. o daily accompa therwise in writte or emergency me o the designat other person (s) Bus Service	ny my son / cen. edical attentioned hospital and number (Name	laughter fr n, we hereb I give cons	om the sch	the Mode ecessary tr n emerger Teleph	rn Montess reatment. ncy:	sori Scho	ol to ta	unless yo	on/daughte

I acknowledge that I am not entitled to ask the school to recover the premium and/or any part of it due to the student's absence, illness, withdrawal or dismissal by the school.

Parent's Name	Signature	Date		
For Administration Use Only				

Registrar	Signature	Date

Grade

Notes: