**Class No.: -…………..**

**برجاء مليء بيلنات الطالب بدقة عاليه و ذلك بسبب ان هذه البيانات سوف تظهر في شهادات الطالب في الثلاث سنوات و لا يمكن تعديلها بعد استلام شهادات الطالب من ا لجامعات البريطانيه . لذلك نرجو الاهتمام بكتابة بيانات الطالب حسب كتابتها في جواز سفر الطالب ان وجد .**

**Student Details: -**

*Please ensure that your contact details and information provided are accurate as the same will appear on his /her certificates and please attach copy of your passport to this form (if available)*

**Student full name** \*: -

First Name:

Second Name:

Third Name:

Fourth Name :

**Date of Birth (dd/mm/year)\*: - / /20**

**Gender: - Male Female: -**

**ID no**.: -

**Student telephone no** **\***.: - ……………………………………………………

**Mother telephone no\***: - …………………………………………………...

**Father telephone no\***: - ……………………………………………………...

**Address**: - …………………………………………………………...………………………………………

**E-mail (must be working e-mail) \*: -**………………………………………………………………………………………………………

**Access arrangements and special Needs: -**

**برجاء احضار تقرير طبي من الدكتور المعالج في حالة اي مرض يعاني منه الطالب و يتطلب مراعاته اثناء الامتحانات النهائيه.**

Do you have any special needs due to ill health / medical conditions? Yes: - No:-

**If yes**, please specify your requirements in your Medical Report which you must submit to the school coordinator / or headmistress: -

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**Please sign below on the subjects that you will register in *May/June 2022* session during the current academic year\*: -**

|  |  |  |
| --- | --- | --- |
| **Exam** | **Board** | **Signature** |
| **English as a 2nd language** | ***Oxford (Obligatory)*** |  |
| **English Literature** | ***If the student will not take English as 2nd language.*** |  |
| **Chemistry OL** | **Cambridge (obligatory)** |  |
| **Mathematics OL** | **Edexcel (Obligatory)** |  |
| **Biology OL** | ***Cambridge (Optional)*** |  |
| **Arabic as a 1st language** | ***Edexcel (Optional)*** |  |
| **Physics OL** | ***Cambridge (Optional)*** |  |
| **French OL** | ***Cambridge*** |  |
| **German OL** | ***Cambridge*** |  |
| **German OL** | ***Edexcel*** |  |

Declaration

* I certify that the information on this form is complete and accurate to the best of my knowledge.
* I recognize that I am liable to pay fees for the registration exam once the school informed me about the date of registration and payment fees.
* I understand that I shall be allowed to sit only for those subjects and papers for which I have entered on this form.

PLEASE SEND THE FORM in PDF format to: [grade10rowad@gmail.com](mailto:grade10rowad@gmail.com)

Student signature: -…………… Parents signature: - ……………………………………