****

Please complete the details below and return to the Admissions Department. Please complete one form per child.

Please contact us by email or telephone if you have any questions or if we can help in any way.

|  |  |
| --- | --- |
| Email:Tel: | admissions@britishschoolmuscat.com(+968) 24600842 |

## STUDENT DETAILS

|  |  |  |
| --- | --- | --- |
| Family Name / Surname(according to passport) |  |  |
| First Name(s)(according to passport) |  |  |
| Preferred Name |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Oman Civil ID\*(Required for ages 5+) |  |  | \*If you do not have an Oman Civil ID yet, pleasemake sure we have this before your child’s start date |
| Date of Birth (dd/mm/yyyy)(according to passport) |  |  | Gender |  | Male / Female |
| Nationality |  |  | Religion |  |  |

|  |  |  |
| --- | --- | --- |
| First (home) language spoken proficiently |  |  |
| Second language (if applicable) |  |  |
| Other language(s) |  |  |

|  |  |
| --- | --- |
| Is the applicant a former student of BSM? | Yes / No |
| Is either parent a former student of BSM? | Yes / No |

##

Please mention the names of any siblings or family members attending or applying to the school, with details of their year group and age.

|  |
| --- |
|  |

## EDUCATION HISTORY

Current school details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Current School Name* | *Country* | *From* | *To* | *Leaving Grade or Year group* |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Name of Current Head teacher |  |  |
| Email Address for Current School  |  |  |
| Contact Number for Current School |  |  |

|  |  |
| --- | --- |
| Are you happy for us to contact your current school for a student reference?(We will only contact them when we have a space available for your child at BSM) | Yes / No |
| Please provide a name and contact email address for a reference if different from above: |  |

##

Details of previous schools attended:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Previous School Name(s)* | *Country* | *From* | *To* | *Leaving Grade or Year group* |
|  |  |  |  |  |
|  |  |  |  |  |
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##

## STUDENT BACKGROUND INFORMATION

Please outline your child’s artistic, dramatic, musical or sporting skills or experience and their hobbies and interests:

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| --- |
|  |

Please inform us of any areas where we may need to offer additional support for your child. Eg: Learning or behaviour support, pastoral needs, dyslexia etc. (Please include any applicable reports with your application)

|  |
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|  |  |
| --- | --- |
| Has your child ever been assessed by an Educational Psychologist? If yes, please include the report with your application. | Yes / No |
| Does your child receive any additional support? | Yes / No |
| Has your child ever received extra time or assistance for examinations? | Yes / No |

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

|  |
| --- |
|  |

##

##

## GUARDIAN DETAILS

All school communications will be sent to both email addresses below, unless indicated otherwise.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | *Guardian 1* |  | *Guardian 2* |
| Relationship to child |  |  |  |  |
| First Name (on passport) |  |  |  |  |
| Surname (as on passport) |  |  |  |  |
| Oman Civil ID |  |  |  |  |
| Email Address |  |  |  |  |
| Nationality |  |  |  |  |
| First Language |  |  |  |  |
| Occupation |  |  |  |  |
| Name of Company |  |  |  |  |
| Company PO Box |  |  |  |  |
| Company Postal Code |  |  |  |  |
| Mobile Phone |  |  |  |  |
| Office Phone |  |  |  |  |
| Home Phone |  |  |  |  |

Residential address in Oman (if known): This should be a physical address, not postal address.

|  |
| --- |
|  |

Are parents/guardians named above jointly responsible for the child’s education? (if no, please give further details)

|  |
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| --- | --- |
| School payments will be made by: |  |

Billing address (This should be a postal address)

|  |
| --- |
|  |

MEDICAL INFORMATION

Is your child presently receiving, or received in the past, any medical care for physical or mental health problems?

If yes, please provide details

|  |
| --- |
| Yes / No |

Please complete and sign our Medical Form (available to download from the website) and include with your application.

FURTHER INFORMATION

What is the preferred start date at BSM for your child?

|  |
| --- |
|  |

How did you hear about BSM?

|  |  |
| --- | --- |
| [ ]  From a current parent/family/student | [ ]  Article |
| [ ]  From your current school | [ ]  Word of mouth |
| [ ]  Search Engine | [ ]  Other (If other please let us know below) |
| [ ]  Social Media |  |

Please confirm the following:

|  |
| --- |
| [ ]  I have read and accept the schools Admissions Policy |
| [ ]  I have completed a Medical Form for my child (link to online form available on website) |

Signature

|  |
| --- |
|  |

Date

|  |
| --- |
|  |

Please email your completed registration form to admissionsoffice@britishschoolmuscat.com

Please include the following with your application:

|  |
| --- |
|[ ]  Copy of child’s passport |
|[ ]  Copy of child’s Oman Resident Card |
|[ ]  Copy of parents’ passports |
|[ ]  Copy of parents’ Oman Resident Cards |
|[ ]  Recent passport style photograph of child on white background |
|[ ]  Latest school report |
|[ ]  Copy of Support Profile or Educational Psychologist report (if applicable) |
|  |  |