



## Child's Information Form

Picture

### Child's Basic Information :

Child's Full Name							
Child's Civil Record					Scholastic year		
Date of Birth	AD		AH		Nationality		
Country of Birth					City of Birth		
Number of family			Number of		Number of		
Is the father alive ?			Occupation		Level of		
Is the mother alive ?			Occupation		Level of		
Name of parent with			Type of		Owned- Rented		

### Guardian Information:

Name of the guardian			Relationship		
Nationality			Type of ID card		
Identification Number			Its Source		
Date of ID Card			Expiry Date		
Type of ID Ccard		Issue Date		Expiry Date	









## Medical Examination Required for Kindergarten Enrollment

### Clinical Tests :

TYPE OF EXAM	RESULT	RECOMMENDATIONS
Height		
Weight		
Vision Examination		
Hearing Examination		
Speech		
Eyes		
Mouth		
Teeth		
Ears		
Skin and Hair		
Malnutrition		
Lymph Glands		
Heart		
Respiratory System		
Abdomen		
Kinetic System		
Nervous System		
Psychological Status		
Other		

Name of DR : ..... Signature : ..... Date : / /