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International Pioneers School

(Under the supervision of the Ministry of Education)
P.O. Box : 275, Postal Code : 214, Sultanate of Oman - Salalah
Tel.: +968 23235484, E-Mail : contact@insalalah.com

APPLICATION FORM

No **1109**

FULL NAME OF THE PUPIL IN CAPITAL LETTERS (Leave one box blank between the words)

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Date of Birth

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Age (as on 30 / 06 / 20) -----(Years) -----(Months)----- (Days)

Place of Birth : -----(City)----- (Country)

Nationality : ----- Religion -----

Mother Tongue : -----

School last studied : ----- Class last studied -----

Passport No.: ----- Date of Issue ----- Date of Expiry -----

Visa No.: ----- Date of Issue ----- Date of Expiry -----

Father's Name : -----

Father's Occupation: -----

Mother's Name : -----

Home Telephone : ----- GSM : -----

Office Telephone : ----- GSM : -----

E-Mail Address : -----

Employer's Name : -----

Address : P.O. Box ----- Postal Code ----- Place -----

Medical History (If any) :: -----

(Omani Rial 5 should be paid against loosing of this application form)
I hereby undertake that above information is correct. I will abide by all the rules of the school and promise to pay the prescribed school fees in time.

Date

Signature of the Parent

For Office Use Only

CLASS TO WHICH ADMISSION IS SOUGHT : -----

Date of Joining : -----

G.R. No. : -----

Principal