



## STUDENT APPLICATION

### Office Use Only

Year of Enrolment:

Applicant Number:

Month:

Age:

Allergies:

MEDICAL CONDITION:

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### PERSONAL INFORMATION

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Family Name:

First Name:

Date of Birth:

Nationality:

Father's Name:

Mother's Name:

Father's Mobile:

Mother's Mobile:

Address:

Home Number:

Name of person to contact in case of emergency:

Mobile Number:

Number of siblings and age:

Reason for Referral:

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## EDUCATIONAL BACKGROUND

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Name of School you attend:

Class:

Phone Number

Are you still in school?   YES            NO

Favorite Subject:

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## MEDICAL BACKGROUND

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Vaccines Taken:

Surgery:

Allergies:

Medications (if any):

Medical Condition:

Family Doctor Number:

How did you hear about CARE®?

Note: Please provide with application:

- 1- copy of ID
- 2- copy of medical record
- 3- 4 passport sized photos
- 4- copy of latest assessment ( if available)
- 5- copy of Insurance Card

