

Dar ul Hijrah National Schools



Madinah Munawwarah (KSA)

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وزارة التعليم
Ministry of Education

Registration Number: _____

(To be filled by the office)

Student's Information:

Name of Student: _____

Religion: _____

Date of Birth: _____

Place of Birth: _____

Nationality: _____

Passport No. _____

Expiry Date: _____

Iqama No. _____

Issue/Expiry Date: _____

Father's / Guardian's Information:

Name of father/guardian: _____

Profession: _____

Nationality: _____

Iqama No. _____

Expiry Date: _____

Address: _____

Contact No. _____

Email: _____

General Remarks: _____

Name of Previous School Attended: _____

Class in which admission is sought: _____

Declaration: I have read & understood the rules and regulations of the institution. I will abide by them. I have declared the facts correctly to the best of my knowledge and belief.

Signature of Father/Guardian: _____

(For Office Use Only)

Name: _____

Father's Name: _____

Admitted in Class: _____

Date: _____

General Remarks of the interview: _____

Attachments:

1. Copy of Passport & Iqama of the Student
3. Copy of Previous Class Result

2. Copy of Passport & Iqama of Father/Guardian
4. 3 Recent Passport Size Pictures