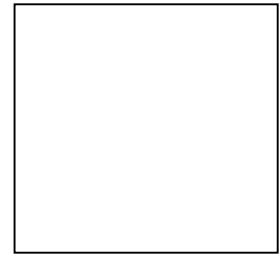




KORTOBA PRE-SCHOOL
Kortoba Block 4, Street 2, House 31
Tel: 531-4466 Fax: 534-4177
Email: kortobapreschool@gmail.com
Website: www.kortobapreschool.com



APPLICATION FORM

DATE: _____

CHILD FULL NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

CHILD'S NATIONALITY: _____

HOME ADDRESS: _____
Area Block Street Avenue House

HOME TELEPHONE: _____

FATHER'S NAME: _____ NATIONALITY: _____

EMPLOYER KUWAIT: _____

OFFICE TELEPHONE: _____

MOBILE: _____ EMAIL: _____

MOTHER'S NAME: _____ NATIONALITY: _____

EMPLOYER KUWAIT: _____

OFFICE TELEPHONE: _____

MOBILE: _____ EMAIL: _____

Please Enclose:

1. 6 Child's photographs (passport size).
 2. Copy of Birth Certificate with inoculation page (Vaccination Certificate)
 3. Copy of Parent's or Guardian and Child's Civil ID.
 4. Copy of Medical Check-up BCG
 5. Fitness Card
- Items 4 & 5 will be processed at School Department in your area.

Consent

I, the parents of the child do accept all the responsibilities in allowing my child to take part in all supervised activities inside the Pre-School and any special activities outside the school.

PARENT'S SIGNATURE: _____