



# MIND MASTER ACADEMY EDUCATION W.L.L

مایند ماستر اکادمی التعلیمي ذ.م.م

## SCHOOL'S OUT CARE APPLICATION FORM

Passprot Size  
Photo

### PERSONAL INFORMATION

FIRST NAME		MIDDLE NAME			LAST NAME								
NAME OF THE SCHOOL						CLASS							
GENDER		NATIONALITY		BLOOD GROUP		STUDENT MOBILE NO:							
DATE OF BIRTH	DD	MM	YEAR	QID									

### PARENTS INFORMATION

INFORMATIONS		FATHER			MOTHER		
NAME							
OCCUPATION							
COMPANY							
MOBILE NO:							
WHATS APP NO:							
LANDLINE NO:							
E-mail ID:							

### RESIDENTIAL DETAILS:

AREA NAME		ZONE NO:	
STREET NO		BUILDING NO:	

### SCHOOL TRANSPORTATION INFORMATION

NAME OF THE SCHOOL			BUS NO:	
NAME OF THE DRIVER			CONTACT NO:	
PICKING TIME IN THE MORNING			DROPPING TIME	

### WHAT DO YOU EXPECT FROM MIND MASTER ACADEMY

SCHOOL'S OUT PROGRAMME	HELPING TO DO HOMEWORKS	LEARNING NEW SKILLS	IMPROVEMENT IN BEHAVIOR	PERSONALITY TRAINING PROGRAMMES	TUITION FOR SUBLECTS
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### CHILD CARE FACILITIES REQUIRED:

MEALS /SNACKS	INDOOR-OUTDOOR PHYSICAL ACTIVITIES	SLEEPING	CHANGE OF UNIFORMS	HOME WORKS	TUITION
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### ANY SPECIFIC MEDICAL CONDITION NEEDS TO BE NOTICED:

EMERGENCY CONTACT: .....

ACADEMIC COACHING DETAILS

➤ COACHING REQUIRED AREAS

MATHEMATICS		PHYSICS		CHEMISTRY		BIOLOGY	
ENGLISH		ACCOUNTANCY					

OPTIONAL LANGUAGES	MALAYALAM	
	HINDI	
	ARABIC	

➤ PREFERABLE TIMING FOR TUITION:

MORNING		AFTERNOON		EVENING	
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➤ DO YOU REQUIRE TRANSPORTATION? YES/NO

ONE WAY		TWO WAY		CONTACT NO:	
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➤ MENTION THE AREA:

I would like to take admission in MIND MASTER ACADEMY. I have read the rules and regulations of the Institution mentioned in the leaf letter. I agree to abide by the same. My particulars are given below.

Attached copies of QID of parent/guardian	
Attached copy of QID of the student	
Attached copy of medical card of the student	

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NAME

SIGNATURE

-----  
DATE

<u>For office use only</u> Application for the year -----/----- Registration No: _____ Comments: _____	Date: _____ Fee: QR- _____
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