

SCHOOL ASSESSMENT FORM



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INFORMATION

Registration Number: _____ Registration Received On: _____

STUDENT INFORMATION

Name:		
Student ID:	Date of Birth:	/ /
Home Address:		
City:	State:	Zip Code:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Previous School (if any):	

GUARDIAN INFORMATION

Guardian Name:	
Relationship to Student:	Other:
Phone Number:	Email Address:
Home Address (if different from student):	

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:	
Relationship to Student:	Phone Number:

MEDICAL INFORMATION

Does the student have any allergies? ☐ yes ☐ No

If yes, please list: _____

Does the student have any medical conditions we should be aware of? ☐ yes ☐ No

If yes, please specify: _____

Primary Physician Name: _____ Phone Number: _____

Health Insurance Provider: _____ Policy Number: _____

CONSENT & AGREEMENT

☐ I certify that the above information is correct to the best of my knowledge.

Documents Submitted: ☐ Birth Certificate ☐ Immunization Records

☐ Proof of Address ☐ Other: _____

Date: _____ / _____ / _____ Signature: _____