



Creativity Private School

"Learners Today, Leaders Tomorrow"

Creativity Private School Mission

Creativity Private School's main concern and aim is to empower student of the school by developing their abilities to ensure they are capable of dealing with today's challenges through the implementation of the Holy Book of Al-Quraan, & Al Sunnah. Meanwhile, academic study, research ad knowledge is our goal.

APPLICATION FORM

Personal Information

Child's Name: _____
Father's Name: _____
Surname: _____
Sex: _____ Nationality: _____
Date of Birth: _____ Place of birth: _____
Please list language your child speaks in order of proficiency: _____
House Tel. No.: _____
House Address: House No. _____ Block _____ Area: _____ Road: _____

Family Information

FATHER Name: _____ Nationality: _____
Occupation: _____ Mobile No.: _____
Work Address: _____ Work Tel. No.: _____
Email Address: _____

MOTHER Name: _____ Nationality: _____
Occupation: _____ Mobile No.: _____
Work Address: _____ Work Tel. No.: _____
Email Address: _____

SIBLING INFORMATION:

Names and ages of brothers: _____ Names and ages of sisters: _____

Does the child live with his parents? Yes _____ No _____

Other people living in your house?

Name: _____ Relation to the child: _____

Please list names and relation of the people who have permission to pick up your child from school and can be contacted in case of emergency:

1-Name: _____ Relationship: _____
Work Tel No.: _____ House Tel. No.: _____ Mobile No.: _____
2-Name: _____ Relationship: _____
Work Tel No.: _____ House Tel. No.: _____ Mobile No.: _____
3-Name: _____ Relationship: _____
Work Tel No.: _____ House Tel. No.: _____ Mobile No.: _____

Thank you for taking time to complete the application form. We look forward to an enjoyable academic year with your child!

To complete your registration process, please submit the original and copies of the following:

1. 4 recent photograph of the student.
2. A copy of the student's birth certificate and vaccination record.
3. A photocopy of the father's CPR
4. A photocopy of the student's CPR
5. A photocopy of the student's passport with residency page (non-Bahraini only)
6. A copy of the last two years and recent school report (where applicable) + school transcripts.
7. Transfer certificate from the last school (where applicable)
8. A health file either transferred from the last school or a new opened one.

SERVICES:

Transportation: Does your child needs transportation? Yes _____ No _____
If yes, please complete the transportation application form.

Enrollment is limited. Please return your complete application as soon as possible to the school's main office. Only completed applications will be considered for admission.
Please inform the school's office of any changes as soon as they occur.

I the Father / Mother / Guardian: _____

Certify that all the above information are true to the best of my knowledge and belief and accept full responsibility if any error has been made.

If my above named son/daughter is accepted in Creativity Private School, I agree to pay tuition fees either for the whole year or for the first term as soon as I am notified of his/her acceptance and all further charges when they are due.

I understand that enrollment is for the entire school year and that tuition fees are payable in advance, according to the school's regulations and that no refund of tuition fees is possible in case of temporary absence if my son/daughter is dismissed from the school.

Note: Term fees will not be returned and must be paid in full no matter what date the student joins or leaves the school.

Signature of Father / Mother / Guradian

Date

P.O. Box: 24176 – Muharraq, Bahrain
Tel No.: +97317243855
Fax No.: +97317243844
Email Address: cps.bh@hotmail.com
Website: www.cps-bh.com

SCHOOL HISTORY: (please list recent school first)

Class (grade) last attended _____

Class (grade) to be join _____

Reason for leaving the previous school _____

GRADE	SCHOOL YEAR	NAME OF SCHOOL	CITY	CURRICULUM American/British
1-				
2-				
3-				
4-				

Extra Curricular Activities: _____

Educational History

Describe your child:

1. As a student _____

2. Has your son/daughter ever been recommended or evaluated in or out of school for problems?
Yes ____ No ____ (If yes, please include details and specific testing information to further assist us)

3. Has your son/daughter ever received special education testing or an educational evaluation for academic problems? Yes ____ No ____ (If yes, please explain briefly below)

4. Has your son/daughter ever been placed in a special education program?
Yes ____ No ____ (If yes, please explain briefly below)

5. Has your son/daughter ever experienced behavior problem that had on adverse affect on their educational performance? Yes ____ No ____ (If yes, please describe these behavior problems)

6. Has your son/daughter ever received any of the following services?
*Reading Improvement (remedial) Yes ____ No ____
*Speech Therapy Yes ____ No ____
*Language Therapy Yes ____ No ____
*Physical Therapy Yes ____ No ____
*Occupational Therapy Yes ____ No ____
*Counseling Services (regular) Yes ____ No ____
*Psychological testing or service Yes ____ No ____

7. Does your son/daughter have any physical handicap? Yes _____ No _____
 If yes, please describe the condition : _____

8. Does your son/daughter have any visual or hearing problem? Yes _____ No _____
 If yes, please describe the condition : _____

9. Has your son/daughter ever repeated a grade? Yes _____ No _____
 If yes, please indicate grade level and a brief explanation : _____

10. Does anyone have trouble understanding your child's speech? Yes _____ No _____
 If yes, please describe the condition : _____

Personal / Social Development:

Please describe your child's temperament / personality:

How does your child react when she / he is?

Happy _____

Sad _____

Tired _____

Frustrated _____

Excited _____

Is there anything else you'd like us to know about your child? Yes _____ No _____

If yes, please explain: _____

 Parent's Signature

 Date

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