



GAEC

www.gaec.net

Guildford Arabic Education Centre
Kings College
Guildford
Surrey

Student Registration Form

| | |
|----------------------------------|-------------------------|
| Surname | Parent's E-Mail address |
| اللقب | |
| First Name | Phone Number |
| الإسم | Home Address..... |
| Date of Birth | |
| Age at time of registration..... | |
| Gender | Postcode |

**Please give details of all persons who may be contacted in case of emergency.
Please list contacts in order of priority.**

| Name | Relationship | Home Address | Telephone No. Mobile No. E-Mail |
|------|--------------|--------------|---------------------------------------|
| | | | |
| | | | |
| | | | |

Medical Information

Doctor's Name
 Doctor's Address
 Doctor's Telephone Number
 Medical Condition / Allergies.....
 Learning Difficulties.....

Name Signed..... Date.....