

## YARA INTERNATIONAL SCHOOL

AFFILIATED TO CBSE - NEW DELHI (AFFILIATION NO.5730018) RIYADH, KINGDOM OF SAUDI ARABIA

## **ADMISSION CONTRACT**

www.yaraschool.net

Affix recent photograph

Please r	ead the instructions carefully	before filling in the form:						
_	the form does not ensure admiss			test results and ava	ilability of seats.			
> Applic	ation Form should be filled in blo	ck letters as neatly as possible						
Studen	t's Name (as in the Passport):							
Date of E	Birth : / /	Age as on 1	st April:		Se	x : Male 🗆 Fei	male	
National	ity :	Religion	:		Sta	ate & Mother Tongue :		
Passpor	t No. :	Date of Issu	ie :		Da	te of Expiry :		
Class applied for :		Class last at	tended :		lqa	ama No :		
School la	ast attended :							
Category	, : ST□	sc □ obc □	General 🗆		Blood Group	:		
Second	Language (Grade IX & X Only):	Hindi	Urdu 🗆	☐ Malayalaı	m 🗆 Tamil 🔲			
Third La	nguage (II - VIII): Marathi	Telugu ☐ Arabic ☐	Urdu 🗆		m □Tamil □	Kannada $\square$		
	NCC Cadet / Scout / Girl Guide	=						
Paren	t's Particulars	Fath	ner			Mother		
Name			-					
Occupa	ation & Organization							
Nationality								
Passport No.								
Iqama	No. & Date of Expiry							
Email i	d							
Mobile	No.							
Teleph	one No.	Office:			Res.:			
Address, P.O. Box No. & PIN Riyadh:								
Partic	ulars of the Sibling children	studying in this school						
S.No.	Registration No.	of the Sibling children studying in this school gistration No. Name			Class & Division Relationship			
1.								
2.								
3.								
	ery Comtoot Name 9 Normber/	Mondotowy						
Emergen	cy Contact Name & Number(	wandatory):						
Permanent Address (In India):								
Docume	ents required at the time o	f Registration: Kindly refer	the checklis	st				
					the information qi	ven in the application is true	and complete. I will	
I, Mr / Mrs(Father / Mother) hereby declare that the information given in the application is true and complete, I will strictly comply with all School policies, MOE Rules, Documentation requirements and undertake to pay the school fee promptly, failing any of which I authorize the school authorities to take appropriate action including removal of my ward from the rolls.								
autnorities	to take appropriate action inci	laing removal of my ward from	n the rolls.					
Date:		For Office use only				Signature:		
Verification of Credentials		Yes/No For Office use only Initi			al : Date:			
Parent notified: Y / N		Time slot allocated		Init	ial :	Date:		
Admis	sion test result	Passed / Not eligible/ Co	nditionally	admitted Re	marke :			
Admission granted to class:			Division:		Registration	n No.:		
Date 1						Deter		
	l:	T				Date:		
Admission Fee		SR.		Tuition Fee		SR.	SR.	
Caution Deposit		SR.		Transportation	Fee	SR.		
1 5	(AL)				I O Deter			