



# THE ENGLISH SCHOOL FOR GIRLS

## Application Form 2021/2022

Student's Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_ Class Applying for: \_\_\_\_\_  
Previous School (if applicable):  Inside Kuwait  Outside Kuwait  
Student's Civil ID: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Languages spoken at home: \_\_\_\_\_  
Are there siblings applying to ESG:  Yes  No (If Yes) Which Class/s: \_\_\_\_\_

- Last three schools attended (if applicable):

	School Name	Country	Year(s)
1.			
2.			
3.			

- Parents Details:

### Father's or Guardian's Details

### Mother's Details

Name: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Civil ID: \_\_\_\_\_  
Workplace: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Civil ID: \_\_\_\_\_  
Workplace: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

Relation to the Student (If you are Guardian)

- If the applicant has sisters already registered at the school, please give their details:

	Name	Year Level
1.		
2.		
3.		

▪ **Student Health:**

**Please tick if your child suffers from any of the following:**

- |  |                                   |  |                                  |
|--|-----------------------------------|--|----------------------------------|
| <input type="checkbox"/> Blood Disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Allergy |
| <input type="checkbox"/> Mumps         | <input type="checkbox"/> Asthma   | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Cardiac |

If you ticked any of the above, please provide details and medical reports.

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If your child suffers from any other chronic medical condition, provide details and attach copy of the medical report.

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▪ **Transportation:**

If school transportation is required, please provide the full address:

Area: \_\_\_\_\_ Block: \_\_\_\_\_ Street: \_\_\_\_\_  
Avenue: \_\_\_\_\_ Apartment Number: \_\_\_\_\_ House Number: \_\_\_\_\_

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• **Kindly note that the fees for the entrance exam or interview are 20KD non-refundable under any circumstances.**

▪ **Declaration:**

I state that all the information I have provided above is true and accurate. I have not omitted any information.

Name of the Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

