



أكاديمية جومان
JUMAN ACADEMY
WHERE CULTURE MEETS EDUCATION

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054 8757255 / 056 822 6647 Email-info@jumanacademy.org



TRANSFER APPLICATION FORM

Registration Number: _____ Registration Received On: _____

STUDENT INFORMATION

Student Full Name: _____

Date of Birth: _____ Gender: Male Female Other

Previous School (if any): _____

Current Grade Level: KG1 KG2 KG3 Grade1 Grade2 Grade3

Duration at Current School: _____

Reason for Transfer: _____

Full Name of Parent/Guardian: _____

Relationship to Student: Mother Father Other: _____

Phone Number: _____ Email Address: _____

Home Address : _____

Street: _____ City: _____

State: _____ Zip Code: _____

TRANSFER DETAILS:

Requested Grade Level at Juman Academy: KG1 KG2 KG3
 Grade1 Grade2 Grade3 Grade4

Preferred Transfer Date: _____

ADDITIONAL INFORMATION:

How did you hear about Juman Academy? Internet Friend/Family
 Advertisement Other

Is there any other information you would like to provide? _____

CONSENT & AGREEMENT

- I hereby declare that the information provided is true and accurate to the best of my knowledge. I request the transfer of my child to Juman Academy.
- I understand that submitting this form does not guarantee admission; the school will review applications and notify parents accordingly.

Date: _____

Parent/Guardian

School Official