
SAUDI RESEARCH SCIENCE INSTITUTE
ENROLLMENT APPLICATION
MEDICAL INFORMATION FORM

Name of Applicant: _____
 Last First Middle

National ID #: _____

MEDICAL INFORMATION

Please share with us if your child has any medical condition, disability, or health-related concern that King Abdullah University of Science and Technology (KAUST) needs to be aware of and requires support and/or accommodation during the six-week residential program Saudi Research Science Institute (SRSI) at KAUST.

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|---|--|
| YES, my child has a medical condition or concern that KAUST needs to know about and requires support and/or accommodation | |
| NO, my child does not have any medical condition or concern | |

If "YES", please contact SRSI Program Manager at srsi@kaust.edu.sa within 5 business days of application submission to provide the information.

PLEASE READ AND SIGN:

As a parent or guardian, I understand that disclosure of relevant information about my child's medical, mental and physical concerns, if any, is necessary for my child to receive the required support during the six-week residential program at KAUST. I agree to provide timely and accurate information to SRSI for the above.

Name of father/ legal guardian Signature of father/ legal guardian Date