



Student Photo

## GOOD WILL CHILDREN PRIVATE SCHOOL

### Admission Form 2019/2020

STUDENT DETAILS				
Date:		Grade applying for:		
Student's First Name: (As per passport)		Middle Name :	Surname:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Religion: <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Other _____		
Date of Birth ____/____/_____ DD/ MM/ YYYY		Country of Birth		
Mother Language		Nationality:		
Mother Language		Second Language :		
FAMILY INFORMATION				
Father Name:		Mother Name:		
Nationality:		Nationality :		
Occupation:		Occupation:		
Email Address:		Email Address:		
Mobile#		Mobile#		
Additional Contact Person (family/friends) 1. 2.				
Current Residence Information: Area:/ Locality _____ Section: _____ Street: _____ Plot No: _____				
Student is living with: Parents ( ) Mother only ( ) Father only ( ) Others( Specify )				
Last School Attended	Last Grade Attended	Curriculum	Academic Year	Date of Leaving

The school tuition fees may be payable a year in advance or in 3 installments: Re-registration fee DHS1000 (non-refundable)

- 1<sup>st</sup> Installment: upon enrollment  
2<sup>nd</sup> Installment: due in 5<sup>th</sup> December  
3<sup>rd</sup> Installment: due in 5<sup>th</sup> March

## ENROLLMENT PROCEDURE

STEP 1: ADMISSION		ESIS No:
Student's Name: _____	Grade: _____	
Present Residential Address:		
Area/Locality: _____	Date: _____	Signature: _____
Use Private transportation <input type="checkbox"/>	Use School transportation <input type="checkbox"/>	
Remarks: _____ _____		

STEP 2- Documentation (For Office use Only)		
Admission form	<input type="checkbox"/>	Remarks: _____
Child Passport	<input type="checkbox"/>	_____
Birth Certificate	<input type="checkbox"/>	_____
Father's Passport	<input type="checkbox"/>	_____
Child's Emirate ID	<input type="checkbox"/>	_____
Four Passport Photos	<input type="checkbox"/>	_____
Vaccination Card	<input type="checkbox"/>	_____
Health Insurance	<input type="checkbox"/>	_____
Medical Card	<input type="checkbox"/>	_____
Attested TC	<input type="checkbox"/>	_____
Water and Electricity bill	<input type="checkbox"/>	_____
Checked and verified all documents:	Signature	Date

STEP- 3 (Fee Payment)			
Receipt No: _____	Dated: _____	Amount: _____	Roll No: _____
Date: _____	Signature: _____		
Remarks: _____			

## MEDICAL INFORMATION FORM

With regard to the health information details of your child, please fill out the following:

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Father's Mob. No. \_\_\_\_\_

Mother's Mob No. \_\_\_\_\_

Emergency contact No: \_\_\_\_\_

### Medical History:

Please answer by indicating Yes or No if your child suffers from any of the following diseases

Does Your Child Suffer From Or Experience		Name of Medication Taken
Eyesight problems	مشاكل في البصر <input type="checkbox"/> Yes <input type="checkbox"/> No	
Epilepsy	الصرع <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hearing problems	مشاكل في السمع <input type="checkbox"/> Yes <input type="checkbox"/> No	
Asthma \ breathing problems	مشاكل في التنفس <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hay fever	حمى القش <input type="checkbox"/> Yes <input type="checkbox"/> No	
Skin Allergies	حساسية الجلد <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes	مرض السكري <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hemophilia	مرض بالدم <input type="checkbox"/> Yes <input type="checkbox"/> No	
Rheumatic fever	حمى الروماتيزمية <input type="checkbox"/> Yes <input type="checkbox"/> No	
Congenital heart disease	امراض القلب الخلقية <input type="checkbox"/> Yes <input type="checkbox"/> No	
Anemia	انيميا <input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies to Medication / Food	حساسية من الادوية / الاطعمة <input type="checkbox"/> Yes <input type="checkbox"/> No	
Others	أخرى <input type="checkbox"/> Yes <input type="checkbox"/> No	

### **VACCINATIONS**

Type of Vaccinations	Yes	No	Date of last Booster
Diphtheria \tetanus\ pertussis الدفتيريا / الكزاز/السعال الديكي			
Measles\Mumps\ Rubella \ MMR / الحصبة / النكاف / الحصبة الالمانية			
Polio شلل الاطفال			
Typhoid حمى التيفويد			

## CONSENT FORM

I acknowledge the following statements

Please indicate if you agree or disagree with the statements below

My house has access to internet, a computer and printer to support my child's learning and development	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
My child has been acknowledged NOT to open unsuitable websites and will strictly adhere to Good Will Children Private School L.L.C. Internet Policy. Violating this policy will have severe consequences	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
My child can use the toilet independently	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
The school may use my child's photograph in the school parent handbook, school newsletter, gathering school data and other printed publications within the school.	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
The school may use my child's photograph for promotional purposes to advertise school activities outside school publications that include third parties such as magazines, newspapers, websites, bulletin boards advertising on behalf of the school.	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
I agree to pay the fees regularly and timely in order to avoid any inconvenience in claiming benefits.	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
I allow the school nurse to give non prescribed medication: <ul style="list-style-type: none"><li>• Paracetamol to control mild pain and fever</li><li>• Application of Pain killer cream</li><li>• Application of antihistamine cream</li></ul>	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
I acknowledge that my child be transferred to hospital in the case of severe emergency without permission from the parent beforehand. This will only be applied in severe cases determined by school nurse or school management.	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
I hereby grant permission for my child to attend all educational trips. Whilst appreciating your assurance for the safety of my child, I undertake not to hold the school/staff liable for any damage, injuries or accidents due to any unforeseen circumstances.	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>

1. I hereby undertake not to ask, or make a claim for the refund of the registration fee, once paid / deposited in the Bank, under any circumstances and for any reason whatsoever.

2. I declare that all information given in this form is true and correct, and that all documents provided by me are authentic.

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Parent / Guardian (In case of Guardian, please mention name and relationship with the child and Passport No.)

**DOCUMENTS REQUIRED FOR THE STUDENT'S REGISTRATION ARE AS FOLLOWS:**

Parents are kindly requested to attach the following documents as a hard copy. The attachments should be colored copies and clear as per ESIS (Enterprise Students Information System) requirements.

Item	Comment
Four Passport size recent colored photos	
Colored Copy of birth certificate translated in to Arabic or English. <i>Must be attested from Emirates Foreign Affairs if issued outside of UAE</i>	
Original & Colored Emirates ID copy for the student <i>In case if it is not ready; please submit a stamped registering application</i>	
In case of transfer (from outside UAE), you must bring copy of result card and school leaving certificate attested accordingly.	
Copy of the Certificate of Vaccination	
Water and Electricity bill	

Attestation from home country:

- District Education Officer of the concerned district
- UAE Embassy in home country

Attestation from UAE:

- Embassy of the home country
- Ministry of Foreign Affairs of UAE

All admission form should be duly completed. The name of the child must be written as per passport in all school documents .Please note that we will not be able to process your application if the documents are not completed.

Note: ESIS (Enterprise Students Information Systems) requires updated documents of students. In case of renewing passport or ID card, kindly submit the copy to Mrs. Zainah Naje (Registrar) at school urgently.