



Student Photo

## GOOD WILL CHILDREN PRIVATE SCHOOL

### Admission Form 2023/2024

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	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**

<b>STEP 1: ADMISSION</b>	<b>ESIS No:</b>
Student's Name: _____ Grade: _____	
Student has Internet: Yes    No                      Student has Laptop: Yes    No	
Use Private transportation <input type="checkbox"/> Use School transportation <input type="checkbox"/>	
Remarks: _____ _____	

STEP 2- Documentation (For Office use Only)																					
Admission form Child Passport Birth Certificate Father's Passport Child's Emirate ID Four Passport Photos Vaccination Card Health Insurance Medical Card Attested TC Water and Electricity bill	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">□</td> <td style="border-left: 1px solid black; border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">□</td> <td style="border-left: 1px solid black; border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">□</td> <td style="border-left: 1px solid black; border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">□</td> <td style="border-left: 1px solid black; border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">□</td> <td style="border-left: 1px solid black; border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">□</td> <td style="border-left: 1px solid black; border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">□</td> <td style="border-left: 1px solid black; border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">□</td> <td style="border-left: 1px solid black; border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">□</td> <td style="border-left: 1px solid black; border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">□</td> <td style="border-left: 1px solid black; border-bottom: 1px solid black; height: 20px;"></td> </tr> </table>	□		□		□		□		□		□		□		□		□		□	
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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			

**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 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"/>
I agree that, if selected, my child's photograph or work maybe published to celebrate school activities or advertising on the school website, school newsletters, Facebook, Instagram or any associated website subject to the school rules	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.)

