

## Application Form

Please complete all sections in **BLOCK CAPITAL LETTERS**

Reg. Date \_\_\_/\_\_\_/\_\_\_

Student No. BH \_\_\_\_\_

### Prospective Student Details (All fields are mandatory)

Application Date	/ /20	Grade Applied For	
Year of Entry	2019/2020   2020/2021	Term of Entry	Winter   Spring   Summer
Student's First Name (as per passport)		Middle Name(s)	
Surname (as per passport)			
CPR No.			
Date of Birth (dd/mm/yyyy)	/ /	Gender	Male   Female
Country of Birth		Place of Birth	
Applicant's age as on 31/12/2020		Ethnicity	
Nationality		Religion	
First Language		Second Languages	
Main Language Used at Home			

### Sibling Information

Does your child have any siblings attending AMAIS?   Yes   No <i>If yes, please give their details below</i>		
S.No	Child's Name	Current Class
Have your child/(ren) previously attended AMAIS?   Yes   No <i>If yes please mention name of student and year he/she left AMAIS</i>		
S.No	Child's Name	Year of Leaving
If you have children who attend a school other than AMAIS, please give details below.		
S.No	Child's Name	Current Class

### Current School Information

Name of School / Branch			
Country		Start Date (month/year)	
Curriculum		Current Year Group	
Please enter the contact details of your child's present school (if required, AMAIS will contact the previous school for further educational information)			
Contact Person		Telephone no.	
Email Address			
Website			

### Please List All Previous Schools

Name of School	Country	Curriculum	Attended from Month/Year	Attended to Month/Year	Year Group

### Parent/Guardian Information (All fields are mandatory)

	Parent/Guardian	Parent/Guardian
First Name ( As per passport)		
Surname ( As per passport)		
Relationship to child		
Primary contact (please tick ✓)		
Nationality		
Religion		
Mobile Telephone		
Residence Telephone		
Emergency Contact No.		
Email Address		
Full Residential Address		
Occupation		
Name of Employer		
Work Telephone		

Please note that all correspondence from AMAIS is sent via email

### Payment of Tuition Fees

Please tick (✓)

Payment of tuition fees by company

Personal payment of tuition fees

**Additional Information**

<p><b>Are there any family circumstances of which you feel we should be aware of?</b>  <i>(e.g. Deceased parent/divorced/separated/adopted/others) If yes, please specify and provide official documents from a related government entity if applicable.</i></p>	<p>I Yes      I No</p>
<p><b>Has your child experienced any developmental delays that had/might require additional help or support?</b> <i>If yes, please specify.</i></p>	<p>I Yes      I No</p>
<p><b>Does your child currently receive [or has in the past received] any form of learning support?</b> <i>If yes, please specify.</i></p>	<p>I Yes      I No</p>
<p><b>Is there any medical information or allergies concerning your child's health that you feel we should be aware of?</b> <i>If yes, please specify.</i></p>	<p>I Yes      I No</p>
<p><b>Has your child previously been registered on a Gifted and Talented program?</b> <i>If yes, please provide more details.</i></p>	<p>I Yes      I No</p>

**Transport Information** : Own Transport       School Bus       Walk to School

**How did you hear about the school?**  
 Internet / Recommendation / Others \_\_\_\_\_

**(For AMAIS use)** Existing Student \_\_\_\_\_

**The following documents should be included with this application:**

- Two photocopies of student’s valid **passport**
- Three photocopies of student’s valid **CPR**
- Two photocopies of student’s **Birth Certificate** (*in English or Arabic*)
- Four recent passport sized **Photographs**
- Two copies of the current and previous academic year **School Report**
- One copy of **Letter of Conduct** from previous school
- One copy of **Leaving Certificate** from previous school
- **Transfer Letter** from previous school
- A copy of the student’s **Vaccination Report**
- One photocopy of Father’s and Mother’s **passport**
- One photocopy of Father’s and Mother’s valid **CPR**

*Acceptance and registration may be dependent on an entry assessment to ensure AMAIS is able to support the learning requirements of your child.*

**Declaration**

I have read, understood and agreed to the contents of this application form. It is understood that all required documents form part of the admission to the school and the statutory registration with the Ministry of Education; and that documents additionally required, not accompanying this Application Form, must be given to the Admissions Office as soon as possible.

I am aware that I will not be able to select a preferred teacher for my child. New students are allocated to classes according to AMAIS policies.

<b>Name</b>		<b>Signature</b>	
<b>Relationship to Child</b>		<b>Date</b>	

**Permission Form**

Photographs of pupils at work, school outings and special events are included on the website and in publications. Including images of pupils on the school website and publications can be motivating for the pupils involved and provide a good opportunity to promote the work of the school. However, the school has a duty of care towards pupils which means that we would never include the full name of a pupil alongside an image. Most of the photographs show pupils in groups engaged in an activity. We will use photographs of all children registered in AMAIS unless a parent registers an objection with us.

Name of child \_\_\_\_\_ Year group applied for \_\_\_\_\_

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

## **Consent and Declaration**

Please note that the following consents are valid for the duration of time that your child attends AMA International School, unless you inform the school otherwise in writing or by telephoning the school nurse directly.

<b>Print child's name:</b> _____	<b>Date of Birth:</b> /    /
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As the parent/guardian of the child above I give my consent to the following:

### **Consent for emergency treatment**

Should your child require prompt medical treatment you will be contacted and asked to collect your child from school. In the event of a serious emergency, an ambulance will be called immediately. You will be contacted and advised to meet at the hospital. I consent to my child receiving medical emergency care as advised by the licensed healthcare provider at the time.

I consent that my child may receive the emergency care as outlined above.

Parent's name (print): \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **School Declaration**

The school requires parents to disclose any health and special education needs at the time of this application. Failure to do so may result in the parent meeting additional costs through support or loss of a school place. The school reserves the right to withdraw the place offered before or after admission in the light of incomplete disclosure.

I have understood and agree to the above conditions.

Parent's name (print): \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Consent for the administration of Paracetamol and First Aid**

- In the event of your child developing discomfort from dental, menstruation, muscular or mild cold symptoms, without fever, the school nurser may, after assessment, wish to administer age-appropriate Paracetamol to your child. No alternative would be offered.
- students with fever are referred home for care
- all students who receive medication are monitored and you will be duly notified of any new concerns
- minor first aid treatments including topical application of antihistamine and antiseptic products

I consent to my child being given Paracetamol and First Aid, should it be considered necessary by the Licensed School Nurse.

Parent's name (print): \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_