

STUDENT ENROLMENT FORM 2019/20

Date of Application ____ / ____ / ____

STUDENTS LAST NAME _____

STUDENTS FIRST NAME _____

Grade and Class _____

Start Date ____ / ____ / ____

ALL FORMS MUST BE COMPLETED PRIOR TO ATTENDING YOUR ENROLMENT APPOINTMENT

Student's VALID Passport & Visa _____

Student's Birth Certificate _____

Student's VALID ID (Iqama, Diplomatic or Saudi ID) _____

Two Recent Passport Size Student Photographs _____

Father's VALID Passport & Visa _____

Father's VALID ID (Iqama, Diplomatic or Saudi ID) _____

Mother's VALID Passport & Visa _____

Mother's VALID ID (Iqama, Diplomatic or Saudi ID) _____

Authorised other ID (driver, family helper) _____

Employment Letter from Father or Mother's Employer _____

Latest School Certificate – stamped & attested _____

Attested Transfer/Leaving Certificate _____

Financial Clearance Certificate _____

Vaccination Certificate _____

Payment Policy _____

PHOTOCOPIES OF ALL DOCUMENTS REQUIRED FOR ENROLMENT. ORIGINALS WILL NOT BE ACCEPTED OR RETURNED TO YOU

Please Note:

*** Failure to provide the above documentation could result in your child being withdrawn.**

***It is the parents' responsibility to provide copies of renewed passports and Iqamas - failure to do so could result in your child being withdrawn.**



STUDENT'S PERSONAL DATA

Family Name: _____
(Last Name as written on passport)

Date of Birth: ____ / ____ / ____

Nationality: _____

ID Number: _____
(Iqama, Diplomatic or Saudi ID)

Passport Number _____

Students' Native Language _____

Given Name: _____
(First Name as written on passport)

Place of Birth _____

Religion: _____ Gender: _____

Expiry Date: _____

Expiry Date: _____

Transportation Method
(Driver ID/contact details required)

Name(s) of Siblings at MNS-Dhahran:

1. _____
2. _____
3. _____

Student Home Address

Home Phone: _____ Ext: _____

FATHER'S DATA

Family Name: _____

Employer: _____

School Fees are Paid By _____
(Your employer, yourself etc.)

ID Number: _____
(Iqama, Diplomatic or Saudi ID)

Passport Number: _____

Nationality: _____

Mobile Phone 1: _____

Given Name: _____

Position: _____

Expiry Date: _____

Expiry Date: _____

Work Phone: _____ Ext: _____

Preferred Email: _____

MOTHER'S DATA

Family Name: _____

Employer: _____

ID Number: _____
(Iqama, Diplomatic or Saudi ID)

Passport Number: _____

Nationality: _____

Mobile Phone 1: _____

Given Name: _____

Position: _____

Expiry Date: _____

Expiry Date: _____

Work Phone: _____ Ext: _____

Preferred Email: _____





Main contact for fees payment: Father/Mother **First contact:** Father/Mother (*please circle*)

STUDENT'S EDUCATIONAL BACKGROUND

Language of Instruction at Previous Schools: _____

Name of School	City/ Country	Period		Year/Grade Completed
		From	To	

LANGUAGES OTHER THAN ENGLISH (if applicable)

Arabic is taught for your child to study as an additional language in the LOTE programme.

Is your child a Native Arabic Speaker? Yes No

SPECIAL EDUCATION PROGRAMMES

Please indicate if your child needs any of the following support programmes available at the school. Failure to do so can result in the school asking you to withdraw your child from the school until a full assessment can take place.

Learning Support Programme (for students requiring extra tuition)

Subjects/ Skills Required for Extra Tuition If none please sign here: _____

Has your child been formally assessed? Yes No

Supplementary English Language Programme (for students who require additional support with their English)

Please give details:

Years of English Study _____

Languages Spoken at Home _____



INDEMNITY

I,
(Full name)

Address Line 1 _____
Address Line 2 _____
City _____
Province _____
Country _____

in my capacity as the lawful parent / guardian of

.....
(Student's Name)

hereby agree:

- The South Doha International School, operating under the name Multinational School Dhahran (hereinafter referred to as the "School"), including its Board of Governors and/or teachers, officials, employees, or voluntary helpers of the School, shall have no responsibility of whatsoever nature in respect of any bodily injury to the above-named student:
 - prior to the actual delivery of my child into the custody of one of the said teachers or officials inside the grounds of the School or after my child has been collected from the School grounds by a person authorised by me to do so, on a normal School day, outside the hours of 7:35am and the end of the teaching day.
 - whilst on the School premises outside of the hours for which my child is enrolled.
 - at any other time unless my child is in the direct custody of the teachers or officials whilst on a recognised outing or function arranged by the School.
- For my child to receive first aid at school and, if need be, medical treatment at a local clinic/hospital in the event of an accident/emergency.
- To indemnify and hold harmless the School in respect of any and all amounts the School may pay in respect of medical and/or any other expenses arising from accidental bodily injury to my child.
- To indemnify and hold harmless the School in respect of any loss and/or damage to property belonging to or in the custody or control of the School, caused by my child.
- That no illegal and/or potentially harmful or injurious items, including those that are inappropriate for the age of the child or the school environment, will be brought on to the School premises by my child.

Name of Parent (Guardian): _____

Signature: _____

Date: _____

DISCLAIMER

The School will not be held responsible for any student's behavioural and/or medical conditions and has the right to ask a student to leave the School if any situation arises that would compromise other students, the staff or the School. It is the parents' responsibility to update the School about any changes to contact information or medical details, including changes to medication.

I have read and agree to the above terms.

Name of Parent (Guardian): _____

Signature: _____

Date: _____



PHYSICAL EDUCATION INFORMATION

PE CLASSES AND THE PE UNIFORM ARE COMPULSORY

Physical Education classes are compulsory at the Multinational School Dhahran. These classes are mandatory and form an integral part of the programme.

Please be aware that classes are not separated by gender and students are not permitted to refrain from participating in lessons unless a medical certificate can be provided to the Physical Education staff.

Please refer to the Multinational School Dhahran Dress code for appropriate sports attire.

Medical Information (This information can protect your child)		
Medical Condition		Further information or instructions
ALLERGY (particularly insect sting)	Yes / No	
BREATHING DISORDER (particularly Asthma)	Yes / No	
EAR DISORDER (particularly drainage tubes or deafness)	Yes / No	
EPILEPSY (whether mild or severe)	Yes / No	
FAINTING / DIZZY SPELLS (or other sudden loss of consciousness)	Yes / No	
IS THERE ANY REASON YOUR CHILD CANNOT PARTICIPATE IN PHYSICAL ACTIVITIES? If yes complete boxes below.	Yes / No	
A medical letter must be attached to support this reason.		<u>Other relevant information</u>

CONSENT TO PE CONDITIONS AND MEDICAL TREATMENT

As Parent/Guardian of _____

I authorise the Teachers and Instructors to obtain initial treatment from the school clinic by a qualified school nurse, qualified first aider or, if need be, at a local clinic/hospital should an accident occur. I agree to pay all medical expenses incurred on behalf of the above student.

I agree to the Discipline and Dress Code outlined by the school.

Name of Parent (Guardian): _____

Signature: _____ Date: _____



MEDICAL QUESTIONNAIRE

Please complete the following questions, detailing as much information as possible.

Last Name: _____ First Name: _____

Date of Birth: _____ Class: _____

Parent Contacts

Home Phone: _____

Work Phone: _____

Mobile: _____

When did you last have your child's vision tested?

Result: _____

Emergency Contact Details (not parents)

Name: _____

Mobile: _____

Date: _____

Does your child have any hearing problems? Yes / No

When did your child last have a hearing test? Date: _____

Result: _____

Does your child take any medicine regularly? Yes / No

If yes, list all medication and dosages: _____

Is your child allergic to any medicine? Yes /No

What reactions do they experience? _____

Does your child have any special medical or behavioural problems the school should be aware of? Yes / No

If yes, give details: _____





IMMUNISATIONS

Vaccination Certificate Attached

Yes/No

Diphtheria – Tetanus or Diphtheria – Pertussis Whooping Cough, Tetanus (DPT) – Please Specify
 Polio
 Measles, Mumps and Rubella Vaccine
 Hepatitis A or B
 Typhoid
 Meningitis
 Other (specify)

Yes /No Date: _____
 Yes /No Date: _____
 Yes /No Date: _____
 Yes /No Date: _____
 Yes /No Date: _____
 Yes /No Date: _____
 Yes /No Date: _____

Tuberculin Test Positive Negative

BCG (TB Immunisation) Date: _____

If your child has had any of the following please explain in detail on the back of this page and provide a copy of the medical reports supporting this.

Behavioural Problems	Yes /No	Heart Condition	Yes /No
Concentration Problems	Yes /No	Migraine	Yes /No
Coordination Problems	Yes /No	Mobility Problems	Yes /No
Diabetes	Yes /No	Orthopaedic Problems	Yes /No
Eczema or other skin conditions	Yes /No	Speech Difficulties	Yes /No

Please explain any allergies your child has and how you treat a reaction to an allergy.

Please explain if your child has asthma and what medication or treatment they receive.
You must provide an inhaler or medication for use in the school.

Please explain if your child has epilepsy and what medication or treatment they receive.
You must provide medication for use in the school.

Please explain any hospitalisation and/or operations your child has had.

Further Comments: *(continue on back if necessary)*

CONSENT TO TREATMENT / CONFIDENTIALITY

I consent to my child receiving initial treatment from the school clinic, from a qualified school nurse, qualified first aider and if need be, at a local clinic / hospital. I agree to pay all expenses incurred on behalf of my child.

I am aware that the school nurse and Principal will see my child's medical notes.

Name of Parent (Guardian): _____

Signature: _____ Date: _____

CLINIC POLICY

Staffing

- A qualified first aider is on duty from 7.30am until 3:10pm.

Admission Medical Questionnaire

- All parents must complete the Medical Questionnaire **before** their child enters the school.
- Any child with a medical condition is identified and further medical information may be required.
- Letters are sent to parents of children with asthma, allergies, epilepsy, etc., for more detailed information.
- Should your child's medical condition/medication change during the year it is requested that you inform the clinic.

Medical file

- Each student has a medical file. Allergies and significant medical problems are highlighted on the file. Current medications are recorded in the file.
- All medications given in school will be recorded in the file and a letter will be completed for the parents that will be given to the student or the student's class teacher.
- All medical files are treated as confidential and are kept in a locked filing cabinet in the clinic. Only nurses and the Principal have access to these records, unless permission is given by the parents or the student, (if old enough to consent), for other staff members to view. All correspondence from parents, teachers and medical personnel are attached to the student's file, as are updated addresses and phone numbers.

Student's medication

- All medication brought into school by students **must** be kept in the clinic. The medication should be accompanied with a note from the parents detailing dosage and time to be administered. The student will be told when to come to the clinic and the medication will be given at the correct time.
- When the medication needs replacing because it has expired or finished a letter will be sent via the student.
- **All prescription medications must be kept in the clinic and administered by the First Aider (or under the directive of).** Exceptions are asthma inhalers, EpiPens and diabetic medications. **Students may only carry these medications if they are proficient in their use.**
- All unused medication left at the end of the school year will be disposed of.
- **Authorisation for a registered nurse to administer over-the-counter medication to students is implied by signing the consent to treatment on the medical questionnaire.**

STUDENT SICKNESS

- Should a student become injured or sick during school hours, the student must notify a member of staff and be seen by the school nurse. The nurse will assess and treat the student and, if necessary give permission for them to be excused from class/classes.
- When it is considered necessary for the student to be sent home parents will be contacted and asked to arrange immediate collection.
- In most incidences, students will remain in clinic until collection.
- **Parents must be contactable at all times and are expected to collect their child within a reasonable time frame, (approx. 1 hour after initial contact)**
- **Please ensure you have the school phone number keyed into your mobile.**
- If a driver is sent to collect the student, he should, if possible, have a note from the parents, or his name and iqama number should be obtained.
- The student must recognise his/her driver.
- Parents are advised that students who are ill prior to the start of the school day **must** remain at home.
- Communicable diseases are common among schoolchildren and school provides an ideal environment for diseases to spread. Some diseases present a risk to others such as **pregnant women** and students may need to be excluded.
- Students who are not well should be excluded even if they are not infectious.
- **Students and staff should be excluded if they have diarrhoea or vomiting and they should not return to school until they have been symptom free for 48 hours, (unless the cause is non-infectious ie.travel sickness or coeliac disease).**
- **Letters to parents advising of medical treatment given in school.**
- A letter is always sent to parents when a student has a head injury, any serious accident or has an illness that has been treated with medication.
- If a student has a medical problem, no matter how minor, parents will be contacted by phone or letter.

Emergencies

- In the event of an emergency, the student will be transferred to a suitable medical facility, parents will be contacted as soon as possible so they may join their child.

Signed: _____

Date: _____



PHOTOGRAPHY

From time to time, the Multinational School Dhahran takes photographs of children for use in our **websites, social media and brochures.**

The Multinational School staff will be taking photos for our brochures, websites and social media throughout the school year and this involves students being photographed in a range of different scenarios.

Do you consent to your child having their photograph taken for Multinational School Dhahran publicity materials? (I.e. the school website, social media pages and brochures)

Yes

No

In addition to this, each year we have class and school photographs taken.

Do you consent to your child having their photograph taken for class and school photographs?

Yes

No

Signed: _____

Date: _____

TOILET TRAINED Foundation Stage 1 & 2

We unfortunately do not accept any child into our school who is not toilet trained.

A toilet-trained child is a child who can do the following:

- 1) Be able to TELL the adult they have to go to the bathroom BEFORE they have to go.
- 2) Attempt to pull down their underwear and pants and get them back up.
- 3) Be able to wipe themselves after using the toilet.
- 4) Be able to get off the toilet by themselves.
- 5) Attempts to wash and dry their hands.
- 6) Be able to postpone going if they must wait for someone who is in the bathroom or if we are outside and away from the class.

Student Name: _____

Class: _____

Parent Name: _____

Parent Signature: _____



BREAKFAST CLUB & CARE

Children are cared for by teachers and assistants and are involved in the following activities:

- Breakfast: Drink and a light meal.
- Outdoor play
- Indoor activities

STUDENTS MUST NOT ARRIVE BEFORE 6.45AM.

BREAKFAST CLUB & CARE REGISTRATION

I would like to enrol my child in the Breakfast Club Care program.

I understand that there is a fee of 1,500 SR + (5%) VAT to be paid each semester.

Student Name: _____

Class: _____

Parent Name: _____

Parent Signature: _____

Start Date: _____



AFTER SCHOOL CARE PROGRAMME

Available only to Foundation Stage children who have older siblings in this school.

Children are cared for by teachers and assistants and are involved in the following activities:

- Drawing
- Painting
- Craft
- Outdoor Play

Once per week students may watch a movie and have popcorn.

ALL students must be collected **promptly** from the afterschool care room no later than 2:00 pm.

AFTER SCHOOL CARE REGISTRATION

I would like to enrol my child in the Afterschool Care program.

I understand that there is a fee of 1,500 SR + (5%) VAT to be paid each semester.

Student Name: _____

Class: _____

Parent Name: _____

Parent Signature: _____

Start Date: _____

SCHOOL HOURS 2019-2020

The school operates on a five-day week, Sunday to Thursday.

Foundation Stage 1 and 2

Classes start at 7:50 a.m. and finish at 1:15 p.m.

Year 1 to Year 6

Classes start at 7:50 a.m. and finish at 2:00 p.m.

**Staff will be on playground duty between 7:35 a.m. and 7:50 a.m.
and between 2 – 2:15 p.m.**

Additionally, there will be staff presence during school breaks.

The school is not responsible for the safety and welfare of the students outside the above-mentioned hours. Students must not arrive at school before 7:35 a.m. unless subscribed to the Breakfast Club.

Foundation Stage 1 & 2 students must be collected by 1:15 p.m. Year 1 and above by 2.15 p.m. at the latest. The only exceptions are for students attending after school care or undertaking extracurricular activities:

- Students attending extra-curricular activities must be collected no later than 3.10 p.m.
- After School Care – Foundation Stage 1 & 2 students waiting for older siblings must be collected from after school care no later than 2.15 p.m.

Office Hours

The school office is open from 7:40 a.m. to 3:00 p.m. Sunday to Thursday. All enquiries should be directed to the Receptionist during these hours.

Appointments must be arranged through the Receptionist for parents to meet with the Registrar, Coordinator or any of the Teachers.

PAYMENT POLICY

- The Registration Fee must be paid immediately upon enrolment. First Payment Fees (including any applicable supplementary fees) must be paid before 18th August. Second Payment Fees (including any applicable supplementary fees) must be paid before 31st December 2019. **No** student will be admitted to the school until the fees are paid in full.
- Please note that invoices for each semester are sent in advance. Mislacing or not receiving the invoice will not be considered a valid reason for failure to pay the school fees by the due date. It is your responsibility to inform us of any change of emails, and contact us if you do not receive an invoice.
- Fees paid with a cheque that is dishonoured will entail an additional SAR 200.00 service charge.
- Registration or tuition or any other fees cannot be transferred to another student or another term.
- It is the parent's responsibility to pay all the fees on time. If a company provides help with education costs,
- A late charge of SAR 1,000 will be added to any outstanding fees.
- If a parent withdraws a student from the school during a term, no portion of the fees will be refunded. If the fees have not been paid for any reason, you will still be liable to pay them.
- New Students who gain admission need to pay the registration fee at the time of Registration. **Places are not confirmed until the Registration Fee payment is made and all supporting documentation has been provided.**
- Please note the Registration Fee is non-refundable in the event that student does not join the school for whatever reason.

I have read and understand all the terms and conditions regarding registration, re-registration and leaving procedures.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Name (in capitals): _____

Name of Child _____ Class _____

Original - Registrar

Copy - Parent