



## Enrolment Checklist School Year

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

Enr. Date: \_\_\_\_\_ Birth. Date: \_\_\_\_\_

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

1	Muslim Approval	
2	Registration Form	
3	Medical Form	
4	Birth Certificate Copy	
5	Vaccination Card Copy	
6	Copy of all previous Report Cards	
7	2 Passport –size photos	
8	Father's &/or Mother's Iqama Copy	
9	Father's Passport Copy	
10	Mother's Passport Copy	
11	Child's Passport Copy	
12	Employment Certificate of either/or both parents	

**NOTE:** Kindly complete your child/ren file before 30 days of student school attendance.

Welcome to our community. Should you have any concerns, please feel free to contact the Administration at any time.

The enrolment shall not be considered official unless the non-refundable registration fee has already been settled.

Eman Salah El-Din/ School Registrar

Tel: 03-532-333-8

Fax: 03-532-333-9

<http://www.nadaschool.com//info@nadaschool.com>



**Enrolment Application  
Academic Year 2010-2011**

**Name:** \_\_\_\_\_  
(Family Name) (First Name) (Middle Name)

**Birth date:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_  
(Day) (Month) (Year)

**Gender:** \_\_\_\_\_ **Religion:** \_\_\_\_\_  
(for school records only)

**Admitted to Grade:** \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Nationality : \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Work Tel : \_\_\_\_\_

Mobile No: \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Mobile No: \_\_\_\_\_

**EMERGENCY CONTACT NO.**

**Name:** \_\_\_\_\_

**Degree of Relationship:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

***For Office Use Only***

**Enrollment No:**

**Date of Enrolment Application:** \_\_\_\_\_

**Principal's Signature:** \_\_\_\_\_

**Chairman of Board of Trustees :** \_\_\_\_\_



## Admission Policy

According to the school policy, we may admit students on the following conditions:

- 1- Children may be admitted to Junior Kindergarten if their fourth birthday falls on or before September 1 of the year for which admission is sought.  
(Exception not to exceed 90 days).
- 2- Children may be admitted to Kindergarten if their 5<sup>th</sup> birthday falls on or before September 1 of the year for which admission is sought.  
(Exception not to exceed 90 days).
- 3- Children may be admitted to Grade One if their 6<sup>th</sup> birthday falls on or before September 1 of the year in which admission is sought.  
(Exception not to exceed 90 days).

***NOTE: All Saudi applicants must submit in addition a duly-signed special form from the Ministry of Education BEFORE actual school enrolment.***

The enrolment package consists of the following items, which must be checked & completed in full and signed before your child will be considered for enrolment:

- 1- Enrollment Checklist
- 2- Student' Evaluation
- 3- Registration Application
- 4- Medical Form
- 5- Tuition Payment Form
- 6- Enrolment conditions

Thank you



## NADA INTERNATIONAL SCHOOL, AL-AHSA MEDICAL FORM

**MUST BE COMPLETED BY AN ATTENDING PHYSICIAN**

To the attending Physician: This form will not be accepted without completed dates of All Mandatory Immunizations.

**Student's full name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Please complete the following vaccination history:

NB: The following immunizations are mandatory for admission to Nada School.

NB: TB Skin test must show the date Test has been given within the last 12 months.

Exceptions to TB Skin Test will be made only if student has had a BCG vaccination.

Immunization Dates	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>			Pre-School Booster	Pre-School Booster	
					(4-6 Year)	
Diphtheria						
Pertussis (optional)						
Tetanus						
Polio						
Measles						
Mumps						
Rubella (German Measles)						
Tuberculin Skin Test*	Date	Pos:	Neg:			
BCG Vaccination						

\* Test must be given within last 12 months. Exceptions to TB Skin Test have to be done only if student has had BCG Vaccination.

### DOES THE STUDENT HAVE A HISTORY OF ANY OF THE FOLLOWING?

		YES		NO				YES		NO	
1	MEASLES			7	SKIN PROBLEMS						
2	MUMPS			8	CONVULSIONS (INCLUDING FEBRILE)						
3	RUBELLA			9	HEARING PROBLEMS						
4	CHICKEN POX			10	VISION PROBLEMS						
5	ALLERGIES			11	SURGERY						
6	ASTHMA			12	OTHER SERIOUS ILLNESS						

Comments: (number and explain the condition):

Based on a current history and physical examination, I find the above named student free of contagious disease, vaccinated in accordance with the above mandatory school requirements and fit for all usual school activities.

Physician Signature: \_\_\_\_\_

Include Physician or clinic stamp

### **For Parental Consent:**

\*If your child becomes ill at school, the school nurse would like your permission to give the following at her discretion: **Panadol / Tempra** ( circle)      YES / NO

\*Permission to take your very ill \ injured child who needs immediate medical attention to **The Hospital**  
YES / NO ( circle one)

Parent's Signature \_\_\_\_\_

Date : \_\_\_\_\_

