



**My Little House & House of Knowledge Group
of Schools **Girls/ Boys**
Admission Application Form**

Academic year
20 AD

Semester
First / Second



[Student information]

Full name Family name

Year group you want to move into Previous school

Reason for leaving previous school:

Number of brothers:	Number of sisters:	Order of birth:
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Does the student live with: Both parents Father Mother

[Guardian information]

Name of guardian: Nationality:
 Relation: Additional information:
 Type of employment: Work address:
 Work telephone number: Mobile number:
 Home telephone number: Home address:
 Street number: Building number:
 Post office: Post code:

Student's Mother	Contact in mother's absence
Name:	Name:
Nationality:	Relation:
Qualification:	Home address:
Home address:	Home telephone number:
Home telephone number:	Work telephone number:
Type of employment:	Work address:
Work address:	Mobile number:
Work telephone number:	
Mobile number:	

Phone number in case of an emergency { }

I, the undersigned, father of the student:

Agree to enrol my son / daughter in the school and I pledge to follow these rules: -



A) FINANCIAL DEPARTMENT

- 1) At the end of each academic year 3000 SAR should be paid in advance to confirm parents' desire for their son / daughter to continue the next year, this is non-refundable.
- 2) I agree to pay the full tuition fees for my son/daughter at the time specified by management. In case of non-payment, management deserve the right to stop my son/daughter attending school.
- 3) If at any point during the semesters I decide I do not want my son/daughter to continue with the school, I understand that fees already paid cannot be refunded.

B) COMMITMENT

- 1) Ensure the attendance of my son/daughter at school each day. In case of absence, I will inform the school administration by telephone. If the absence is two days or more, I will provide a medical report (in case of illness) or a letter from myself, the parent, explaining the absence.
- 2) I will ensure my son/daughter wears the correct uniform to and from school, and my daughter wears hijab.
- 3) My son/daughter will maintain high standards of hygiene, in terms of clothing and personal cleanliness. I will check their clothes, hair and nails myself and not take this personally as it is in my son/daughter's interest.
- 4) In the event of contagious diseases, I will co-operate with the school and take my son/daughter to hospital. My son/daughter will be kept at home until completely cured, and a doctor certifies them as 'well'.
- 5) My son / daughter shall not bring any dangerous games, weapons or sharp objects (such as razors) because of the potential to cause severe damage.

C) ADMINISTRATION POLICY

- 1) Co-operation with the school to raise the level of educational attainment for my son/daughter including close monitoring. If the administration notes that the student does not co-operate or act on advice given, management has the right to request moving my son/daughter to another school.
- 2) For kindergarten children, co-operation is necessary in the field of understanding the role of the kindergarten and I will not ask for any extra homework and agree to follow that which the school deems necessary.
- 3) I will co-operate with the administration in the follow-up of my son/daughter's development by signing the monthly reports received by the end of each month and then returning them to school. If I want more detailed information, I must contact the school by telephone and arrange an appointment to speak to the teacher. Entering class is not allowed.
- 4) I will co-operate with the system used based on each age and stage. I cannot upgrade my child before the end of the school year, according to the rules set by management.
- 5) I will compensate the school for any deliberate damage made by my son/daughter to school furniture or his/her colleagues' property by a single school estimate.
- 6) I will attend all requested meetings relating to my son/daughter.
- 7) In the event of misconduct, inside or outside of the classroom, the school has the right to give a warning to myself, the parent, either by phone or in person. If the violation is repeated, I must follow the school's action plan.
- 8) I agree to comply with the existing policies of not giving gifts to any member of staff - from the doorman to the Director - and in case of violation, the administration have the right to take necessary action against me.

Name:

Signature:

Medical notes for the school doctor



Blood Type

Does the student have any food allergies?

Yes No

Which foods?

Does the student have any allergies to any kind of medicine?

Yes No

Which medicine?

Does the student usually use medicines?

Yes No

Name of medicine The purpose of using it

Is there a medical condition prohibiting the student from swimming? Yes No

Does the student have a sight disability? Yes No

Does the student have hearing problems? Yes No

Does the student have an internal disease? Yes No

Name of disease:

Does the student have a physical disability? Yes No

Specify the type of disability:

Does the student have any special needs? Yes No

Specify the special need: