



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: Relation:
Nationality:	Home address:
Qualification:	Home telephone number:
Home address:	Mobile number:
Home telephone number:	Work address:
Type of employment:	Work telephone number:
Work address:	
Work telephone number:	
Mobile number:	

Phone number in case of an emergency { }

Pledge



I, the undersigned , father of the student :

I agree to enroll 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 the management. In case of non-payment, the 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 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 a 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 certified well by a doctor.
- 5) My son / daughter should not bring any dangerous games ,weapons or sharp objects for example razors ,because of the potential severe damage

C) ADMINISTRATION POLICY

- 1) Cooperation with the school to raise the level of educational attainment for my son / my daughter including close monitoring. If the administration notes that do not co-operate or act on advice giving, the management has the right to request moving my son / daughter to another school .
- 2) For kindergarten children cooperation 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 cooperate with the administration in the follow-up of my son / daughter 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 cooperate with the management system used in terms of 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 tools by a single school estimate .
- 6) I will attend any meetings requested , 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 school system in terms of not giving gifts for any employee , from the doorman to the Director , and in case of violation , the Administration have the right to take the necessary action towards me .

Name:

Signature:

Medical notes for the school Doctor



Blood Type

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

Yes

☐

No

☐

Which foods ?

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

Yes

☐

No

☐

Which medicine ?

Does the student usually use medicine ?

Yes

☐

No

☐

Name of medicine The purpose of using it

Is there any medical case prohibiting the student from swimming ?

Yes

☐

No

☐

Does the student have a sight disability ?

Yes

☐

No

☐

Does the student have a hearing disability ?

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 special need :

Does the student have any special needs ?

Yes

☐

No

☐

Specify the special need :