



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:

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/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: