

RUWAIS/ MADINAT ZAYED REGISTRATION FORM

	GRADE			DATE	OF ADM	ISSIO	)N					
STUDENT INFORM	DENT INFORMATION											
NAME OF THE STU		PASSE										
FIRST NA	AME		MID	DLE NAMI				L	ASTN	IAME		
DATE OF BIRTH			AGE	YEAR		MON	NTH			SEX	M	F
PASSPORT NO.			JNTRY ISSUE				DATE EXPIR					
UAE VISA NO.		DAT ISSU	TE OF JE		DATE OF EXPIRY							
EMIRATES ID				PLACE C	F BIRT	Ή						
NATIONALITY		RELIC	GION		MOTH					BLC GRC		
PREVIOUS SCHOOL					REAS FOR 1		ISFER					
FAMILY INFORMA	TION											
FATHER'S NAME						HO CON	ME TACT					
OCCUPATION					N	10BIL	LE NO.					
EMAIL ADDRESS					N/	ATIOI	NALITY	,				
EMIRATES ID			PASSF	PORT NO						OOD OUP		
MOTHER'S NAME							ME TACT					
OCCUPATION					N	IOBIL	LE NO.			_		_
EMAIL ADDRESS					N/	ATIOI	NALITY					
EMIRATES ID			PASSI	PORT NO					GR	OOD OUP		
Н	OME ADDRES	SS				(	OFFICE	ADD	PRESS	3		
SIBLINGS INFORM	IATION											
NAME							GRADE	E				
NAME							GRADE	E				
NAME							GRADE					



### **RUWAIS/ MADINAT ZAYED**

### **REGISTRATION FORM**

Does your child have food allergies?  Does your child problems with vision (e.g. wears glasses)?  Does your child have special disabilities?  Does your child have any regular medication?  Does your child have any special health concerns?  WESONOO  Has your child admitted to a hospital? If yes, date and number of days  Reason:  Operations (if any)  Health and Consent  Does your child have or has your child suffered from any of these conditions?  Chicken Pox  Measles  Poliomyelitis  Rheumatic fever  Migraine  German Measles(Rubella)  Whooping cough  Cholera  High Blood Pressure  Scarlet ever  Hearing problems  Frequents Colds/ Sinusitis  Bleeding Tendency  Eczema  Thalassemia  Hay fever  Others:  If you have ticked any of the following, please make an appointment with our School Nurse.  Are there any restrictions regarding your child's participation in sporting activities? If yes, please specify the of etc.), my child is required to be kept at home for a minimum of 24 hours. My child will not be brought to the School until	Does your child have special disabilities?  Does your child have special disabilities?  Does your child take any regular medication?  Does your child have any special health concerns?  Has your child admitted to a hospital? If yes, date and number of days  Reason:  Health and Consent  Does your child have or has your child suffered from any of t  Chicken Pox Tuberculosis Tyl Measles Poliomyelitis Rh German Measles(Rubella) Whooping cough Ch Scarlet fever Hepatitis Asi Mumps Diphtheria Ep Frequents Colds/ Sinusitis Bleeding Tendency Ec: Hay fever Cholesterol Kic Others:  If you have ticked any of the following, please make an ap	SONO SONO SONO SONO SONO SONO SONO SONO	Diabetes Migraine High Blood Pressure Pneumonia Hearing problems			
Does your child have special disabilities?  Does your child have special disabilities?  Does your child take any regular medication?  Does your child have any special health concerns?  Has your child have any special health concerns?  TesONOO  Does your child have any special health concerns?  Reason:  Operations (if any)  Health and Consent  Does your child have or has your child suffered from any of these conditions?  Chicken Pox  Measles  Poliomyelitis  Typhoid Fever  Diabetes  Measles  Poliomyelitis  Rheumatic fever  Hepatitis  Asthma  Pneumonia  Mumps  Diphtheria  Frequents Colds/ Sinusitis  Bleeding Tendency  Frequents Colds/ Sinusitis  Bleeding Tendency  Eczema  Thalassemia  Hay fever  Others:  If you have ticked any of the following, please make an appointment with our School Nurse.  Are there any restrictions regarding your child's participation in sporting activities? If yes, please specify the continuation of the content of the participation in sporting activities? If yes, please specify the content of the participation in sporting activities? If yes, please specify the content of the participation in sporting activities? If yes, please specify the content of the participation in sporting activities? If yes, please specify the content of the participation in sporting activities? If yes, please specify the content of the participation in sporting activities? If yes, please specify the content of the participation in sporting activities? If yes, please specify the content of the participation in sporting activities? If yes, please specify the content of the participation in sporting activities? If yes, please specify the content of the participation in sporting activities? If yes, please specify the content of the participation in sporting activities? If yes, please specify the content of the participation in sporting activities? If yes, please specify the content of the participation in sporting activities? If yes, please specify the content of the participation in sporting activities? If yes, please	Does your child problems with vision (e.g. wears glasses)?  YESO Does your child have special disabilities?  YESO Does your child take any regular medication?  YESO Does your child have any special health concerns?  Has your child admitted to a hospital? If yes, date and number of days  Reason:  Health and Consent  Does your child have or has your child suffered from any of t  Chicken Pox Tuberculosis Tyle Measles Poliomyelitis Rh German Measles(Rubella) Whooping cough Ch Scarlet fever Hepatitis Asi Mumps Diphtheria Ep Frequents Colds/ Sinusitis Bleeding Tendency Eco Hay fever Cholesterol Kic Others:  If you have ticked any of the following, please make an ap	SONO SONO SONO SONO SONO SONO SONO SONO	Diabetes Migraine High Blood Pressure Pneumonia Hearing problems			
Does your child have special disabilities?  VES_NOO  Does your child have any regular medication?  VES_NOO  Does your child have any special health concerns?  Does your child admitted to a hospital? If yes, date and number of days  Reason:  Operations (if any)  Pealth and Consent  Does your child have or has your child suffered from any of these conditions?  Chicken Pox Tuberculosis Typhoid Fever Diabetes  Measles Poliomyelitis Rheumatic fever Migraine  German Measles(Rubella) Whooping cough Cholera High Blood Pressure  Scarlet fever Hepatitis Asthma Pneumonia  Mumps Diphtheria Epilepsy Hearing problems  Frequents Colds/ Sinusitis Bleeding Tendency Eczema Thalassemia  Hay fever Cholesterol Kidney disorder Sickle cell anemia  Others:  If you have ticked any of the following, please make an appointment with our School Nurse.  Are there any restrictions regarding your child's participation in sporting activities? If yes, please specify the counters and and agree that if and when my child shows any symptoms of contagious illness (e.g. Fever, skin, rash, vor	Does your child have special disabilities?  YESC Does your child take any regular medication?  YESC Does your child have any special health concerns?  Health and Consent  Poes your child have or has your child suffered from any of t  Chicken Pox Tuberculosis Tyl Measles Poliomyelitis Rh German Measles(Rubella) Whooping cough Ch Scarlet fever Hepatitis Asi Mumps Diphtheria Ep Frequents Colds/ Sinusitis Bleeding Tendency Ec: Hay fever Cholesterol Kic Others:  If you have ticked any of the following, please make an ap	SONO SONO SONO SONO SONO Operations (if are selected to the se	Diabetes Migraine High Blood Pressure Pneumonia Hearing problems			
roes your child take any regular medication?  YESONO  Reason:  Peason:  Pea	poes your child take any regular medication?  Yeso  Yeso  Yeso  Yeso  Yeso  Yeso  Yeso  Yeso  It is your child have any special health concerns?  Yeso  Yeso  Yeso  Yeso  Yeso  Yeso  Yeso  Yeso  Yeso  Reason:  Health and Consent  Does your child have or has your child suffered from any of t  Chicken Pox Tuberculosis Tyl  Measles Poliomyelitis Rh  German Measles(Rubella) Whooping cough Ch  Scarlet fever Hepatitis Asi  Mumps Diphtheria Ep  Frequents Colds/ Sinusitis Bleeding Tendency Ec:  Hay fever Cholesterol Kic  Others:  If you have ticked any of the following, please make an ap	Operations (if ar  these conditions?  yphoid Fever heumatic fever holera sthma pilepsy czema	Diabetes Migraine High Blood Pressure Pneumonia Hearing problems			
Reason:  Operations (if any)  Health and Consent  Operations (if any)  Chicken Pox Measles Poliomyelitis German Measles(Rubella) Mhooping cough Character Hepatitis Scartet fever Hepatitis Asthma Pneumonia Mumps Frequents Colds/ Sinusitis Bleeding Tendency Frequents Colds/ Sinusitis Bleeding Tendency Hay fever Cholesterol Kidney disorder  If yes, date and number of days  YESONO  Operations (if any)  Operat	Does your child have any special health concerns?  Reason:  Health and Consent  Chicken Pox Tuberculosis Tyles Measles Poliomyelitis Rh. German Measles(Rubella) Whooping cough Ch. Scarlet fever Hepatitis Ast Mumps Diphtheria Ep Frequents Colds/ Sinusitis Bleeding Tendency Ecc. Hay fever Cholesterol Kic Others:  If you have ticked any of the following, please make an ap	Operations (if ar  these conditions?  yphoid Fever heumatic fever holera sthma pilepsy czema	Diabetes Migraine High Blood Pressure Pneumonia Hearing problems			
Reason:  Operations (if any)  Health and Consent  Operations (if any)  Chicken Pox Tuberculosis Typhoid Fever Diabetes Measles Poliomyelitis Rheumatic fever Migraine German Measles(Rubella) Whooping cough Cholera High Blood Pressure Scarlet fever Hepatitis Asthma Pneumonia Mumps Dijphtheria Epilepsy Hearing problems Frequents Colds/ Sinusitis Bleeding Tendency Eczema Thalassemia Hay fever Cholesterol Kidney disorder Sickle cell anemia  Others:  If you have ticked any of the following, please make an appointment with our School Nurse.  re there any restrictions regarding your child's participation in sporting activities? If yes, please specify the counderstand and agree that if and when my child shows any symptoms of contagious illness (e.g. Fever, skin, rash, vor	Reason:  Health and Consent  Ooes your child have or has your child suffered from any of t  Chicken Pox Tuberculosis Tyl  Measles Poliomyelitis Rh  German Measles(Rubella) Whooping cough Ch  Scarlet fever Hepatitis Asi  Mumps Diphtheria Ep  Frequents Colds/ Sinusitis Bleeding Tendency Ec:  Hay fever Cholesterol Kic  Others:  If you have ticked any of the following, please make an ap	Operations (if ar  these conditions?  yphoid Fever heumatic fever holera sthma pilepsy czema	Diabetes Migraine High Blood Pressure Pneumonia Hearing problems			
Reason:  Operations (if any)  Health and Consent  Operations (if any)  Chicken Pox	Reason:  Health and Consent  Does your child have or has your child suffered from any of t  Chicken Pox Tuberculosis Tyl Measles Poliomyelitis Rh German Measles(Rubella) Whooping cough Ch Scarlet fever Hepatitis Asi Mumps Diphtheria Ep Frequents Colds/ Sinusitis Bleeding Tendency Eci Hay fever Cholesterol Kic Others:  If you have ticked any of the following, please make an ap	Operations (if are these conditions?  These conditions?  These conditions?  The properties of the conditions of the cond	Diabetes Migraine High Blood Pressure Pneumonia Hearing problems			
Health and Consent  Does your child have or has your child suffered from any of these conditions?  Chicken Pox Tuberculosis Typhoid Fever Diabetes Measles Poliomyelitis Rheumatic fever Migraine German Measles(Rubella) Whooping cough Cholera High Blood Pressure Scarlet fever Hepatitis Asthma Pneumonia Mumps Diphtheria Epilepsy Hearing problems Frequents Colds/ Sinusitis Bleeding Tendency Eczema Thalassemia Hay fever Cholesterol Kidney disorder Sickle cell anemia  Others:  If you have ticked any of the following, please make an appointment with our School Nurse.  re there any restrictions regarding your child's participation in sporting activities? If yes, please specify the counderstand and agree that if and when my child shows any symptoms of contagious illness (e.g. Fever, skin, rash, vor	Health and Consent  Does your child have or has your child suffered from any of t  Chicken Pox Tuberculosis Tyle Measles Poliomyelitis Rhe German Measles(Rubella) Whooping cough Chescarlet fever Hepatitis Assi Mumps Diphtheria Eperquents Colds/ Sinusitis Bleeding Tendency Economics Cholesterol Kicker Others:  If you have ticked any of the following, please make an approximation of the sufficient of the su	these conditions?  yphoid Fever heumatic fever holera sthma pilepsy czema	Diabetes Migraine High Blood Pressure Pneumonia Hearing problems			
Chicken Pox Tuberculosis Typhoid Fever Diabetes Measles Poliomyelitis Rheumatic fever Migraine German Measles(Rubella) Whooping cough Cholera High Blood Pressure Scarlet fever Hepatitis Asthma Pneumonia Mumps Diphtheria Epilepsy Hearing problems Frequents Colds/ Sinusitis Bleeding Tendency Eczema Thalassemia Hay fever Cholesterol Kidney disorder Sickle cell anemia Others:  If you have ticked any of the following, please make an appointment with our School Nurse.  re there any restrictions regarding your child's participation in sporting activities? If yes, please specify the counderstand and agree that if and when my child shows any symptoms of contagious illness (e.g. Fever, skin, rash, vor	Chicken Pox Tuberculosis Tyle Measles Poliomyelitis Rh German Measles(Rubella) Whooping cough Ch Scarlet fever Hepatitis Asset Mumps Diphtheria Ep Frequents Colds/ Sinusitis Bleeding Tendency Ec: Hay fever Cholesterol Kicket Cothers:  If you have ticked any of the following, please make an ap	yphoid Fever heumatic fever holera sthma pilepsy czema	Migraine High Blood Pressure Pneumonia Hearing problems			
Chicken Pox Tuberculosis Typhoid Fever Diabetes  Measles Poliomyelitis Rheumatic fever Migraine  German Measles(Rubella) Whooping cough Cholera High Blood Pressure  Scarlet fever Hepatitis Asthma Pneumonia  Mumps Diphtheria Epilepsy Hearing problems  Frequents Colds/ Sinusitis Bleeding Tendency Eczema Thalassemia  Hay fever Cholesterol Kidney disorder Sickle cell anemia  Others:  If you have ticked any of the following, please make an appointment with our School Nurse.  The there any restrictions regarding your child's participation in sporting activities? If yes, please specify the counters and agree that if and when my child shows any symptoms of contagious illness (e.g. Fever, skin, rash, vor	Chicken Pox Tuberculosis Tyl Measles Poliomyelitis Rh German Measles(Rubella) Whooping cough Ch Scarlet fever Hepatitis Asi Mumps Diphtheria Ep Frequents Colds/ Sinusitis Bleeding Tendency Ec: Hay fever Cholesterol Kic Others:	yphoid Fever heumatic fever holera sthma pilepsy czema	Migraine High Blood Pressure Pneumonia Hearing problems			
Chicken Pox Tuberculosis Typhoid Fever Diabetes  Measles Poliomyelitis Rheumatic fever Migraine  German Measles(Rubella) Whooping cough Cholera High Blood Pressure  Scarlet fever Hepatitis Asthma Pneumonia  Mumps Diphtheria Epilepsy Hearing problems  Frequents Colds/ Sinusitis Bleeding Tendency Eczema Thalassemia  Hay fever Cholesterol Kidney disorder Sickle cell anemia  Others:  If you have ticked any of the following, please make an appointment with our School Nurse.  The there any restrictions regarding your child's participation in sporting activities? If yes, please specify the counters and agree that if and when my child shows any symptoms of contagious illness (e.g. Fever, skin, rash, vor anderstand and agree that if and when my child shows any symptoms of contagious illness (e.g. Fever, skin, rash, vor	Chicken Pox Tuberculosis Tyl Measles Poliomyelitis Rh German Measles(Rubella) Whooping cough Ch Scarlet fever Hepatitis As:  Mumps Diphtheria Ep Frequents Colds/ Sinusitis Bleeding Tendency Ec: Hay fever Cholesterol Kic Others:  If you have ticked any of the following, please make an ap	yphoid Fever heumatic fever holera sthma pilepsy czema	Migraine High Blood Pressure Pneumonia Hearing problems			
Measles Poliomyelitis Rheumatic fever Migraine  German Measles(Rubella) Whooping cough Cholera High Blood Pressure  Scarlet fever Hepatitis Asthma Pneumonia  Mumps Diphtheria Epilepsy Hearing problems  Frequents Colds/ Sinusitis Bleeding Tendency Eczema Thalassemia  Hay fever Cholesterol Kidney disorder Sickle cell anemia  Others:  If you have ticked any of the following, please make an appointment with our School Nurse.  The there any restrictions regarding your child's participation in sporting activities? If yes, please specify the counters and any agree that if and when my child shows any symptoms of contagious illness (e.g. Fever, skin, rash, vor	Measles Poliomyelitis Rh German Measles(Rubella) Whooping cough Ch Scarlet fever Hepatitis Asi Mumps Diphtheria Ep Frequents Colds/ Sinusitis Bleeding Tendency Ec: Hay fever Cholesterol Kic Others:  If you have ticked any of the following, please make an ap	heumatic fever holera sthma pilepsy czema	Migraine High Blood Pressure Pneumonia Hearing problems			
Measles Poliomyelitis Rheumatic fever Migraine  German Measles(Rubella) Whooping cough Cholera High Blood Pressure  Scarlet fever Hepatitis Asthma Pneumonia  Mumps Diphtheria Epilepsy Hearing problems  Frequents Colds/ Sinusitis Bleeding Tendency Eczema Thalassemia  Hay fever Cholesterol Kidney disorder Sickle cell anemia  Others:  If you have ticked any of the following, please make an appointment with our School Nurse.  The there any restrictions regarding your child's participation in sporting activities? If yes, please specify the counters and agree that if and when my child shows any symptoms of contagious illness (e.g. Fever, skin, rash, vor	Measles       Poliomyelitis       Rh         German Measles(Rubella)       Whooping cough       Ch         Scarlet fever       Hepatitis       As         Mumps       Diphtheria       Ep         Frequents Colds/ Sinusitis       Bleeding Tendency       Ec         Hay fever       Cholesterol       Kic         Others:    If you have ticked any of the following, please make an ap	heumatic fever holera sthma pilepsy czema	Migraine High Blood Pressure Pneumonia Hearing problems			
German Measles(Rubella) Whooping cough Cholera High Blood Pressure  Scarlet fever Hepatitis Asthma Pneumonia  Mumps Diphtheria Epilepsy Hearing problems  Frequents Colds/ Sinusitis Bleeding Tendency Eczema Thalassemia  Hay fever Cholesterol Kidney disorder Sickle cell anemia  Others:  If you have ticked any of the following, please make an appointment with our School Nurse.  The there any restrictions regarding your child's participation in sporting activities? If yes, please specify the counters and agree that if and when my child shows any symptoms of contagious illness (e.g. Fever, skin, rash, voi	German Measles(Rubella) Whooping cough Ch Scarlet fever Hepatitis Asi Mumps Diphtheria Ep Frequents Colds/ Sinusitis Bleeding Tendency Ec: Hay fever Cholesterol Kic Others:  If you have ticked any of the following, please make an ap	holera sthma pilepsy czema	High Blood Pressure Pneumonia Hearing problems			
Scarlet fever Hepatitis Asthma Pneumonia  Mumps Diphtheria Epilepsy Hearing problems  Frequents Colds/ Sinusitis Bleeding Tendency Eczema Thalassemia  Hay fever Cholesterol Kidney disorder Sickle cell anemia  Others:  If you have ticked any of the following, please make an appointment with our School Nurse.  The there any restrictions regarding your child's participation in sporting activities? If yes, please specify the counters and agree that if and when my child shows any symptoms of contagious illness (e.g. Fever, skin, rash, vor	Scarlet fever Hepatitis Ass Mumps Diphtheria Ep Frequents Colds/ Sinusitis Bleeding Tendency Ec: Hay fever Cholesterol Kic Others:  If you have ticked any of the following, please make an ap	pilepsy czema	Pneumonia Hearing problems			
Mumps Diphtheria Epilepsy Hearing problems Frequents Colds/ Sinusitis Bleeding Tendency Eczema Thalassemia Hay fever Cholesterol Kidney disorder Sickle cell anemia Others:  If you have ticked any of the following, please make an appointment with our School Nurse.  The there any restrictions regarding your child's participation in sporting activities? If yes, please specify the description of contagious illness (e.g. Fever, skin, rash, vor anderstand and agree that if and when my child shows any symptoms of contagious illness (e.g. Fever, skin, rash, vor	Mumps       Diphtheria       Ep         Frequents Colds/ Sinusitis       Bleeding Tendency       Ec         Hay fever       Cholesterol       Kic         Others:    If you have ticked any of the following, please make an ap	pilepsy czema	Hearing problems			
Frequents Colds/ Sinusitis Bleeding Tendency Eczema Thalassemia Hay fever Cholesterol Kidney disorder Sickle cell anemia Others:  If you have ticked any of the following, please make an appointment with our School Nurse.  The there any restrictions regarding your child's participation in sporting activities? If yes, please specify the counters and agree that if and when my child shows any symptoms of contagious illness (e.g. Fever, skin, rash, vor	Frequents Colds/ Sinusitis Bleeding Tendency Economics Cholesterol Kide Others:  If you have ticked any of the following, please make an approximately appro	czema				
Hay fever Cholesterol Kidney disorder Sickle cell anemia Others:  If you have ticked any of the following, please make an appointment with our School Nurse.  The there any restrictions regarding your child's participation in sporting activities? If yes, please specify the description of contagious illness (e.g. Fever, skin, rash, vor aunderstand and agree that if and when my child shows any symptoms of contagious illness (e.g. Fever, skin, rash, vor aunderstand and agree that if and when my child shows any symptoms of contagious illness (e.g. Fever, skin, rash, vor	Hay fever Cholesterol Kic Others:  If you have ticked any of the following, please make an ap					
Others:  If you have ticked any of the following, please make an appointment with our School Nurse.  re there any restrictions regarding your child's participation in sporting activities? If yes, please specify the duration of contagious illness (e.g. Fever, skin, rash, vor	Others:  If you have ticked any of the following, please make an ap	iano, alcoraci	Kidney disorder Sickle cell anemia			
If you have ticked any of the following, please make an appointment with our School Nurse.  re there any restrictions regarding your child's participation in sporting activities? If yes, please specify the description of contagious illness (e.g. Fever, skin, rash, vor	If you have ticked any of the following, please make an ap		Olokie dell'ariettia			
re there any restrictions regarding your child's participation in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specification in sporting activities? If yes, please s						
re there any restrictions regarding your child's participation in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specify the description in sporting activities? If yes, please specification in sporting activities? If yes, please s		ppointment with our S	ır School Nurse.			
understand and agree that if and when my child shows any symptoms of contagious illness (e.g. Fever, skin, rash, vor	re there any restrictions regarding your child's participation	<b></b>				
		n in sporting activities	ies? If yes, please specify the deta			
I understand and agree that if and when my child shows any symptoms of contagious illness (e.g. Fever, skin, rash, vor	The more any recursions regarding year commercial particles.					
		n in sporting activitie	ies? If yes, please specify the deta			
	understand and agree that if and when my child shows any symp	ptoms of contagious illi	illness (e.g. Fever skin rash vomitir			
with this come is regained to be kept at home for a minimidin of £7 hours, ivin thin will het be brought to the collect all thin						
ness, incubation period has passed		Tiours. My crina will fio	not be brought to the School until the			
	inderstand and agree that if and when my child, after being asse	essed by the School N				



### **RUWAIS/ MADINAT ZAYED**

### **REGISTRATION FORM**

The following first aid medication for fever and body ache, headache, allergies, insect bites and itching are available in the Nurse's Clinic for your child. Please tick below the medicines that can be administered when necessary.

Fever and body ache a	nd headache	Calpol /adol	/paracetamol			
Anti-Allergic, insect bite	and itching	Antiseptic W	ash / Bites &	Sting		
Please do not give my	child any of the above					
Birth Defect						
Handicaps/ Disabilities .						
Hereditary Disorders i.e.,			YES	0	NO O	
Emergency Treatment C	Consent Form					
If emergency treatment is require	red, I will be contacted	to collect my	ward from Sch	nool immedia	tely.	
If I or any of my emergency con hospital / Medical Centre / clinic emergency contact persons.						
If hospitalization is required, I he responsibility for all medical exp					understand, and t	ake full
Signature of the Parent / Gua	ardian Name	of the Parent	/ Guardian		Dat	te
Name and Emergency Teleph			-			
Name of the Person	Relatio	onsnip	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ontact Numb	oer 	
AYMENT INFORMATION *		DI EASE CH	OOSE THE APPR	ODDIATE TED	М	
TUITION FEE		TERM 1	TERM 2	TERM 3	RECEIPT #	
BOOK FEE		TERM 1	TERM 2	TERM 3	RECEIPT #	
TRANSPORTATION FEE		TERM 1	TERM 2	TERM 3	RECEIPT #	
OTHERS		TERM 1	TERM 2	TERM 3	RECEIPT #	



**RUWAIS/ MADINAT ZAYED** 

### **REGISTRATION FORM**

#### **CHECKLIST**



All documents required below must be obtained by the Administrator before the admittance of your child. Documents should be submitted in <u>Hard (Color) and Soft Copy</u>

#### **Documents Required**

Tick

Student Documents	Parent Documents
Completed Application Form	Valid Passport Copy (Father)
8 recent passport size photos	Valid VISA Page (Father)
Birth Certificate - Attested	Emirates ID Copy (Father
Photocopy of Child's immunization record	Valid Passport Copy (Mother)
Valid Student Passport Copy	Valid VISA Page (Mother)
Valid Student's Visa Page	Emirates ID Copy (Mother)
Emirates ID Copy	Address Proof (Tawtheeq / Electricity Bill )
Insurance Card Copy	
Transfer Certificate	
Report Card	

I confirm that all information above is true and accurate. I shall keep the School updated of any changes in the information related to my child or to ourselves at all times.

Signature of the Parent / Guardian	Name of the Parent / Guardian	Date