



# ASIAN INTERNATIONAL PRIVATE SCHOOL

RUWAIIS/ MADINAT ZAYED

## REGISTRATION FORM

GRADE

DATE OF ADMISSION

### STUDENT INFORMATION

NAME OF THE STUDENT (AS IN PASSPORT)

FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF BIRTH

AGE

YEAR

MONTH

SEX

M

F

PASSPORT NO.

COUNTRY OF ISSUE

DATE OF EXPIRY

UAE VISA NO.

DATE OF ISSUE

DATE OF EXPIRY

EMIRATES ID

PLACE OF BIRTH

NATIONALITY

RELIGION

MOTHER TONGUE

BLOOD GROUP

PREVIOUS SCHOOL

REASON FOR TRANSFER

### FAMILY INFORMATION

FATHER'S NAME

HOME CONTACT

OCCUPATION

MOBILE NO.

EMAIL ADDRESS

NATIONALITY

EMIRATES ID

PASSPORT NO

BLOOD GROUP

MOTHER'S NAME

HOME CONTACT

OCCUPATION

MOBILE NO.

EMAIL ADDRESS

NATIONALITY

EMIRATES ID

PASSPORT NO

BLOOD GROUP

HOME ADDRESS

OFFICE ADDRESS

### SIBLINGS INFORMATION

NAME

GRADE

NAME

GRADE

NAME

GRADE



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#### MEDICAL INFORMATION

Please specify

Does your child have any allergies? If yes please specify (e.g.: dust, Wood, insect bites,	YES <input type="radio"/> NO <input type="radio"/>	
Does your child have food allergies?	YES <input type="radio"/> NO <input type="radio"/>	
Does your child problems with vision (e.g. wears glasses)?	YES <input type="radio"/> NO <input type="radio"/>	
Does your child have special disabilities?	YES <input type="radio"/> NO <input type="radio"/>	
Does your child take any regular medication?	YES <input type="radio"/> NO <input type="radio"/>	
Does your child have any special health concerns?	YES <input type="radio"/> NO <input type="radio"/>	
Has your child admitted to a hospital? If yes, date and number of days	YES <input type="radio"/> NO <input type="radio"/>	

Reason:	Operations (if any)
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#### 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.

Are there any restrictions regarding your child's participation in sporting activities? If yes, please specify the details

I understand and agree that if and when my child shows any symptoms of contagious illness (e.g. Fever, skin, rash, vomiting, 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 the illness, incubation period has passed

I understand and agree that if and when my child, after being assessed by the School Nurse, presents any symptoms of illness or a possible source of infections whilst at the School, I will be contacted to collect my child.

Signature of the Parent / Guardian

Name of the Parent / Guardian

Date

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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 and headache	Calpol /adol /paracetamol	<input type="checkbox"/>
Anti-Allergic, insect bite and itching	Antiseptic Wash / Bites & Sting	<input type="checkbox"/>
Please do not give my child any of the above		<input type="checkbox"/>

Birth Defect .....

Handicaps/ Disabilities .....

Hereditary Disorders i.e., Parents / Grandparents, etc      YES          NO   

### Emergency Treatment Consent Form

If emergency treatment is required, I will be contacted to collect my ward from School immediately.

If I or any of my emergency contact persons cannot be contacted, I hereby authorize School to take my child to the nearest hospital / Medical Centre / clinic for emergency treatment. AIS will continue to make every attempt to contact me or any of my emergency contact persons.

If hospitalization is required, I hereby authorize School to call paramedics and/or ambulance. I understand, and take full responsibility for all medical expenses, including transport expenses to a medical facility.

<b>Signature of the Parent / Guardian</b>	<b>Name of the Parent / Guardian</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name and Emergency Telephone number of a relative / Friend if parents cannot be contacted:

<b>Name of the Person</b>	<b>Relationship</b>	<b>Contact Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

PAYMENT INFORMATION *		PLEASE CHOOSE THE APPROPRIATE TERM				
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 #	

\*PLEASE INCLUDE FEE DETAILS FOR THE CURRENT ACADEMIC YEAR 2020-21 ONLY



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### CHECKLIST



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

Documents Required

Tick

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

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