



Date

PLEASE COMPLETE THIS FORM IN BLOCK PRINT

APPLICANT INFORMATION (mandatory)

Family Name <small>(as in passport with Residence Visa)</small>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name		Date of Birth (dd/mm/yy)	
Middle Name		Country of Birth	
Religion <small>(required by Ministry of Education)</small>		Nationality <small>(as in passport with Residence Visa)</small>	
<input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Other _____			
First Language		Second Language	
Language spoken at home			
Have you applied to DBS before		Date of previous application	
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Last Grade completed	Last Day at previous school and country	Curriculum (i.e. British, IB, American, etc)	

REQUESTED YEAR / GRADE & DATE OF ENTRY

Year/Grade sought for entry	Expected date of joining

How did you hear about us?

OFFICIAL USE ONLY

Account No.		Student Admissions No.		Year applied for	
Date Registration fee paid		Student Roll No.		Age appropriate	
Sibs in DBS	Sibs applied to DBS	House Team		Class admitted	
Assessment Date			Result		

Family Name

First Name



PREVIOUS SCHOOL RECORD

Name of current School		Country	Curriculum
Date of Entry	Date of Leaving	Year/Grade of Leaving	Will the Transfer Certificate indicate the Year group has been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Principal's Name		Email Address	

Name of previous School	City/Country	Period		Year or Grade Level completed
		From m/y	To m/y	

Has your child received any kind of learning or behaviour support and/or experienced any learning difficulties? Yes No

Has your child been assessed for any kind of learning or behaviour support and/or experienced any learning difficulties? Yes No

If yes, please provide details below (i.e. speech therapy/occupational therapist, duration, etc) and provide copies of reports from the therapists if available.

Is your child taking any medication to assist with learning difficulties? Yes No If yes, please provide details below:

Is your child currently receiving any kind of learning or behaviour support? Yes No

If yes, please provide details below (i.e. speech therapy/occupational therapist, duration, etc) and provide copies of reports from the therapists if available.

Does your child suffer from any allergies/physical limitations/previous medical issues that we need to be aware of? Yes No

Has your child previously been registered on a Gifted & Talented Programme? Yes No

SIBLINGS

Siblings already attending DBS Yes No

Name	Grade
Name	Grade
Name	Grade

Siblings applying to DBS Yes No

Name	Grade
Name	Grade
Name	Grade



Has your child previously been represented his/her school or community for sporting, cultural or other activities Yes No

FAMILY INFORMATION

Father/Male Guardian

Family Name and Title	First Name	Nationality as in Passport
Mobile No.	Employer	Profession/Occupation
Office Tel No.	Office Fax No.	
Work Email		
Employer Address		
Local Home Address	Home Tel No.	
Personal/Home Email		

Mother/Female Guardian

Family Name and Title	First Name	Nationality as in Passport
Mobile No.	Employer	Profession/Occupation
Office Tel No.	Office Fax No.	
Work Email		
Employer Address		
Local Home Address	Home Tel No.	
Personal/Home Email		

EMERGENCY INFORMATION

Family Name and Title	First Name
Relationship to Child	Home Tel No.
Mobile No.	

ANY ADDITIONAL INFORMATION

If there is any additional information that the school needs to be brought aware of, please indicate below, i.e. custody issue, special family circumstances, etc. Any legal issues will need to be supported by documentation and a copy to be provided to the school to be kept in your child's personal folder.



ADMISSION

This signed application form does not oblige the school to accept your child. However, once you have been notified of your child's placement decision and the Registration and relevant term fees have been paid a contract is deemed to exist between the school and the parent/guardians, provided that the conditions outlined in the school prospectus and the school regulations are observed.

The school reserves the right to place your child in the Year level deemed to be the most appropriate, within the bounds of United Arab Emirates' Ministry of Education guidelines.

SCHOOL FEES

1. The non-refundable Application Fee of AED 500 is required to process your child's application.
2. For new and continuing students a non-refundable registration fee will be charged. The school will advise of the amount and due date.
3. In order to register your child in the new academic year, you are required to pay the balance of the first term fees at least one month before the beginning of the school year as well as post-dated cheques for each subsequent term.
4. A student may not start the academic year unless the first term fees have been paid in full.
5. According to Ministry of Education regulations, the school reserves the right to withhold the term report until fees have been paid in full.
6. According to Ministry of Education regulations, the school reserves the right to withhold the final results and abstain from issuing transfer certificates until settlement of all school fees is made.
7. Re-registration will not be accepted unless all fees due have been paid in full.

TUITION REFUND POLICY

Notice of student withdrawal and application for a tuition refund at the request of the parent/guardian must be made in writing to the school Principal. Ministry of Education regulations govern the school tuition refund policies outlined below.

I. Existing student withdrawal prior to the start of the academic year

If the student has NOT attended ANY classes, the balance of the first term fee paid is refunded minus any registration fee made for placing the student on the school's official class list. This refund is subject to approval by the Principal and in compliance with the Ministry of Education rules.

II. New student withdrawal prior to start of the academic year

If you are a new student to DBS and have NOT attended any classes, but have paid the full term I fees, DBS will refund the fees minus the deposit paid as outlined in the offer letter.

III. Student withdrawal during the school year

Fees will be charged for one **full month** if a student attends school for **two weeks or less**. Fees will be charged for **two full months** if a student attends school for more than **two weeks** and less than **one month**.

Fees will be charged for the **entire school term** if a student attends school for **more than one month**.

Kindly note that school fees are possibly subject to change in accordance with Ministry of Education regulations.

INDEMNITY

I agree to my child participating in any educational activities arranged by the school. This includes any field trips out of Dubai. In the event of injury to my child or damage to the property of my child while he or she is participating in such activities, or while on the school premises or being transported to or from the school, I will not hold the school or any member of the school staff responsible. The school undertakes, in the event of an emergency, to make every effort to contact the parents. If this is not possible the child will be taken either to his/her family doctor, or to a suitable hospital for treatment.

PHOTOGRAPHY AND VIDEOGRAPHY

I give permission for myself and my child/ren to be used in school publications, marketing material and in social media. If you wish to opt out please contact the school directly on: marketing@dubaibritishschool.ae

DECLARATION

I, parent/guardian of hereby certify that I have read the above policies and agree to abide by them. I declare that all the information provided in the application form is true, correct and complete and has been offered freely. I also confirm that if information is found to be incorrect the school reserves the right to withdraw any offer of a place, even after a child has commenced the school. I agree to support the School Behaviour Policy, Code of Conduct, Uniform Rules and any sanctions that may be deemed appropriate concerning my child/ren. Furthermore, I hereby authorise the transfer of this information to the school's electronic database.

Name	Signature	Date

Please return the completed form, plus the Application fee of AED 500 to the school along with the required documents. Kindly make cheques payable to Dubai British School.

DOCUMENTS REQUIRED AT THE TIME OF APPLICATION

- Completed Application Form
- Non re-fundable registration fee of AED 500
- 4 recent passport sized photos (*write child's name on back of each photo*)
- 2 copies of applicant's birth certificate (*must be legally translated if not issued in English or Arabic*)
- 2 copies of applicant's passport and residence visa
- 2 copies of each parent/guardian's passport and residence visa
- Copies of the school reports for the last 2 years
- Emirates ID copy of student and parent / guardian
- Transfer Certificate supporting Year Group applied for. (*Please see Transfer Certificate information regarding attestation for overseas countries. Only required upon acceptance.*)



DUBAI BRITISH SCHOOL

Medical and Immunisation Record and Consent Declaration CONFIDENTIAL

Please attach a
passport-size
photograph
here.

Child's Name: _____

Please complete this form and return it prior to your child starting at Dubai British School (DBS)

COMPULSORY ON ACCEPTANCE

The information provided will be treated as confidential by all staff. If you have any queries please feel free to contact the Nurse, who will be happy to answer any questions.

Name of Child: _____ Class: _____

Nationality: _____ Date of Birth: _____ Gender: M F

Home Tel: _____ Father's Name: _____

Mother's Name: _____ Father's Mobile: _____

Mother's Mobile: _____ Address: _____

Alternative Emergency Contact Persons

Name: _____ Mobile: _____

Has your child had any of the following? If yes, please indicate dates in the 'Yes' box.

ILLNESSES	YES	NO
Diphtheria		
Dysentery		
Infective Hepatitis		
Measles		
Mumps		
Pollomyelitis		
Rubella		
Scarlet Fever		
Tuberculosis		
Whooping Cough		
Chicken Pox		
Other		

CONDITIONS	YES	NO
Accidents		
Allergies/Eczema		
Bronchial Asthma		
Congenital Heart Disease		
Diabetes Mellitus		
Epilepsy/Seizures		
G6PD (Glucose6-phosphate dehydrogenase deficiency)		
Rheumatic Fever		
Surgical Operation		
Thalasaemia		
Frequent Gastric Problems		
Frequent Headaches		
Hearing Problems		
Vision Problems/Glasses		
Other		

Please explain any 'Yes' responses in more detail, including treatment and any medications on a regular basis:

Family History:

Diabetes Hypertension Stroke Tuberculosis Other, please specify: _____

History of: Blood Transfusion No Yes, Frequency: _____

Hospitalisation No Yes, Reason: _____

PARENTAL CONSENT

As the parent/guardian of _____ (print child's name) I give consent to the following:

Consent for the administration of an over-the-counter medication

In the event that your child develops a fever or has pain it may be necessary to administer an over-the-counter medication. If your child is unable to take certain medications, please contact the school nurse to discuss the problem.

I consent to my child being given an over-the-counter medication such as paracetamol or neurofen should it be considered necessary by the School Nurse.

Name of Parent (please print): _____

Signature: _____ Date: _____

Consent for emergency treatment

In the event that your child requires emergency treatment you will be contacted and asked to collect your child from the school. If the school is unable to contact you, your child will be taken to a doctor/hospital for diagnosis and treatment. Efforts to contact you will continue.

I consent to my child being taken to a doctor/hospital in the event of a medical emergency.

Name of Parent (please print): _____

Signature: _____ Date: _____

Consent for medical examination

According to school health guidelines children require a school physical at certain key stages in their life: **Y1, Y5, Y9, school leavers and any child new to the Dubai school system.** This service is currently offered to you by DBS, however, if you wish to have your child examined by your own family GP please do so within the first term of school. The school will require a copy of the doctor's report to keep on file in your child's health record. DBS has its own doctor. We would also like to reassure parents that the safety and wellbeing of the children are of prime importance to us and they are supervised at all times during the examination by the School Nurse. As parents you will be notified prior to any examination taking place and will be given the opportunity to attend.

I consent to my child having a school physical.

Name of Parent (please print): _____

Signature: _____ Date: _____

Please note that all consents are valid for the duration of time that your child attends DBS.

ON ADMISSION

IMMUNISATION HISTORY

The Department of School Health requires that the school maintains current information of each child's immunisation history. It is therefore important the DBS has a copy of your child's immunisation record.

Dubai British School does not have an immunisation programme. Please make an appointment with your doctor for any required immunisations.

Please tick the appropriate box:

I have attached a copy of my child's immunisation records

I will bring a copy to the nurse's clinic as soon as possible

PREVIOUS DUBAI SCHOOL

If your child previously attended another school in Dubai, please tick the appropriate box:

Name of previous school in Dubai: _____

We have the school health booklet in our possession and will bring it into the nurse's clinic

As far as we are aware the previous school still has the health book