

Student Enrolment Form 2011-2012

Application Date	/ / 201	Reference No.	110 _ _ _
Parent/Guardian Name	_____	Occupation	_____
Mother/Guardian Name	_____		
Language Spoken at home	_____	Cultural Background	_____
Address	_____		
	_____	Post Code	<input type="text"/>
Email Address	_____		
Home No.	_____	Mobile No.	_____
Emergency Contact No.:	_____	Name & Relation	/
GP Name	_____	GP Tel. No.	_____
GP Address	_____		
	_____	GP Postcode	_____

Agreement between Arabiya School and the parents/guardians of the pupils attending the school

The school will only be able to achieve its objective if a true partnership exists with the parents/ guardians of the pupils attending the school. Hence, this agreement aims to provide a contract between the Arabiya School on the one hand and the parents/guardians on the other for the exclusive benefits of the pupils enrolled in the school.

The school undertakes to:

- 1) Deliver a syllabus of Arabic language and Islamic education via a set of books and other materials which are carefully selected and suited for the pupils at different stages of their studies
- 2) Provide an environment that is rich in Islamic and Arabic values and traditions, induces good learning and social bonding and, encourages excellent behaviours at all times
- 3) Continuously assess the progress, conduct and behaviour of each pupil to maintain a discipline of the highest standard. The latter may necessitate, as a last resort, the exclusion of a pupil who persists with inappropriate behaviour and/or conducts
- 4) Ensure the safety and security of the pupils while in the school.

The parents/ guardians undertake to:

- 1) Pay the fees for the full year (or for the remainder of the year if the pupil is enrolled part way through the year). They may pay in three equal instalments at the beginning of each term, whether formally demanded or not.
- 2) Drop and collect their child at the described times
- 3) Regularly (weekly) and actively engage with their child's learning of the Arabic language and Islamic studies and help their child to complete his/her homework
- 4) Actively encourage their child to follow the school rules/ code of conduct and exhibit exemplary behaviour in and out of school
- 5) Immediately report to the school important information relating to their child's health, absence from school, change of address and or telephone numbers, ..etc.

Additional Consents:

- 1) Some of the activities of the school may involve visiting parks or libraries. For your child to take part in these activities please give your permission by signing here. I agree to my child taking part in the activities described above
Yes No
- 2) I also consent to any emergency medical treatment necessary during the running of the play scheme. I authorise the school staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety. Yes No
- 3) I also consent to my child being photographed by school staff for publicity and/or display. Yes No

Parent/ guardian Signature **Date.....**

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110 _ _ _

Student Name _____		Date of Birth _____		إسم الطالب الثلاثي بالعربي 1
Sex	F M	Arabiya Class _____	Place of Birth _____	
Name of School _____		Year _____		
School Address _____		UCI _____		
School Post Code _____		Medical Conditions _____		
Symptoms/Treatment _____		Sport, Creativity, talent and/or skills of interest _____		

Student Name _____		Date of Birth _____		إسم الطالب الثلاثي بالعربي 2
Sex	F M	Arabiya Class _____	Place of Birth _____	
Name of School _____		Year _____		
School Address _____		UCI _____		
School Post Code _____		Medical Conditions _____		
Symptoms/Treatment _____		Sport, Creativity, talent and/or skills of interest _____		

Student Name _____		Date of Birth _____		إسم الطالب الثلاثي بالعربي 3
Sex	F M	Arabiya Class _____	Place of Birth _____	
Name of School _____		Year _____		
School Address _____		UCI _____		
School Post Code _____		Medical Conditions _____		
Symptoms/Treatment _____		Sport, Creativity, talent and/or skills of interest _____		

Student Name _____		Date of Birth _____		إسم الطالب الثلاثي بالعربي 4
Sex	F M	Arabiya Class _____	Place of Birth _____	
Name of School _____		Year _____		
School Address _____		UCI _____		
School Post Code _____		Medical Conditions _____		
Symptoms/Treatment _____		Sport, Creativity, talent and/or skills of interest _____		

Parent/ guardian Signature Date.....