

# **Application for Admission**

## Application must be accompanied by:

<ul> <li>Birth Certificate Copy</li> </ul>	•	Birth Certificate Copy	
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- Iqama Copy (Student and Father)
- iquina copy (student and rath
- Passport Copy (Student and Father)
- Immunization Records Copy
- Family ID Card Copy-Both Sides (Saudi Citizens)
- 6 Passport-Size Pictures

Non-Refundable Tuition Fee		Most Recent Report Card Copy     Medical Report			
Child's Name (English) Child's Name (Arabic) Birth Date (Day/Month/Year) (Gl Native Language If Oth		First	Middle	Last	
			(HJ)	Gender If Other:	
Father's Name Mother's Name Address		Mid		Last	
Home Phone Father E-mail		Father Mobile	Mother E-mail	Mother Mobile	
Nationality _ Employer _ Position _ Office Phone _		Father		Mother	
Previous Schools	Attended:				
Name o	f School	Add	ress	Grade Attended	

#### **Brothers and Sisters:**

Name	M/F	Age	School Attending	Grade



#### **Child Profile:**

Does your child respond to a nickname? If Yes:					
What does your child most like to do?					
What does your child like to do when he/she is indoors?					
□ Watching telev     □ Assembling puz     □ Playing dolls/fig     □ Other:	zles 🔲 Buildin	g blocks/Lego 🔲 F	Browsing on compute Running/jumping Coloring/drawing	☐ Playin	ng books g sports crafting
What are your ch	nild's favorite toys?				
How does your cl		☐ Alone ☐ With children at the same age	<ul><li>☐ With adults</li><li>☐ With younger</li><li>children</li></ul>		elatives older children
Was your child er	Was your child enrolled in  A home or compound daycare/playgroup/preschool?  A preschool/kindergarten which is part of a recognized school?				
Name of prescho	ool/kindergarten:				
What are your ex	pectations from the	e school for your child	?		
Does your child have any allergies or medical needs? Please describe.					
What would make your child happy and comfortable at Bayan Gardens School?					
Person to Contact in Case of Emergency (Other than Father or Mother):					
Name			Relat	ionship	
Home Phone		Work Phone	Mobi	le	
Secondary Person to Contact:					
Name			Relat	ionship	
Home Phone		Work Phone	Mobi	le	

### Field Trip:

I <u>do /do not</u> give permission for my child to participate in supervised school field trips and special events/activities as organized by Bayan Gardens School. I understand that I will be notified of these trips and events in advance. I understand that if my child does not attend these events, I will be expected to keep my child home on those days.

The school expects all students to conduct themselves in a manner which will bring credit to themselves and the school. In case of severe misbehavior, the school reserves the right to require the parents to withdraw the child.



### Transportation:

If anyone other than parents will regularly pick your child up from school, we must have the following information. The following person(s), in addition to parents, are authorized to take my child from Bayan Gardens School premises.

Photo	Name Relationship Iqama Number	
Photo	Name Relationship Iqama Number	
Families must follow require that proceed		by the school policies. The administration has the right to
Parent's Signature Parent's Name		Date