REGISTRATION FORM

MADAR INTERNATIONAL SCHOOL

REQUIRED DOCUMENTS

1 Registration Form signed by the Parent/Guardian.

2 Original Emirates ID card for Parents/Guardians and their children registered or applying for registration.

3 Birth Certificate (in Arabic or English officially stamped by the originating country's Ministry of Foreign Affairs and by the UAE Embassy in that country).

4 Photocopy of the applicant's Passport.

5 Photocopy of the applicant Parent/Guardian's Passport (with a valid residential status for expats).

6 Six recent passport-size photos.

7 Latest Report Card or Transcript (an officially-stamped copy of this transcript is required).

8 Transfer Certificate (in Arabic or English and officially stamped).

9 Completed Health Information Form, Vaccination Consent. Medical Examination Consent, Vaccination Records. Medication Administration Consent Form.

10 Photocopy of the applicant's Vaccination Card.

11 Completed KG Information Form for KG applicants.

12 Good Conduct Certificate from the previous school, upon Madar's request.

13 Map showing the residential address of applicants who wish to use school transportation.

14 Parents must inform the school of any other arrangements or special conditions for their children. (ex. medical conditions, divorce, pick up or drop off by another person, etc...)

Important Note
All documents must be photocopied and provided to the School. The school will NOT do any photocopying on site. Keeping official documents safe is the parents/guardian's responsibility.

CHILD'S PERSONAL INFORMATION

Complete all details as shown in Passport in **BLOCK LETTERS** and use a separate application form for each child

First Name

Preferred Name

Family Name

Gender

☐ MALE ☐ FEMALE

Place of Birth

Date of Birth (dd/mm/yyyy)

Nationality

Country of Birth

Home Language(s)

Religion

Other Spoken Language(s)

Address In The UAE

P.O.BOX

Are there other children (siblings) linked to this application? ☐ YES ☐ NO

Name (s)	Class	Applying	Current
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

APPLICANT'S INFORMATION

Name of person completing the application

Are you the parent or legal guardian?

☐ YES ☐ NO

EMERGENCY CONTACT

	Person 1	Person 2	Person 3
Name			
Contact Number			
Relationship			

Signature

Parent / Guardian Full Name

Date of Application

LEGAL GUARDIAN INFORMATION

FATHER'S DETAILS

First Name | Last Name

Occupation | Employer

Email Address | Mobile | Landline

MOTHER'S DETAILS

First Name | Last Name

Occupation | Employer

Email Address | Mobile | Landline

OTHER GUARDIAN'S DETAILS:

First Name | Last Name

Occupation | Employer

Email Address | Mobile | Landline

CORRESPONDENCE

Who should receive regular e-mail correspondence from the school?

☐ FATHER ☐ MOTHER ☐ OTHER GUARDIAN

PRIVACY

I agree/disagree to have our phone number and e-mail details published in the school community phone book and class list

☐ FATHER ☐ MOTHER ☐ OTHER GUARDIAN

Signature

Parent / Guardian Full Name

Date of Application

ACADEMIC INFORMATION

Current Year Level/Grade

Level/Grade you are applying for:

Previous Curriculum Followed

PREVIOUS SCHOOLS (starting from most recent)

01

School Name: | Year / Grade | From | To

Contact Name: | Phone Number | Email

02

School Name: | Year / Grade | From | To

Contact Name: | Phone Number | Email

03

School Name: | Year / Grade | From | To

Contact Name: | Phone Number | Email

Please tick the level of English proficiency which best describes your child:

☐ Beginner ☐ Gaining confidence ☐ Confident ☐ Fluent ☐ Native

How would you best describe your child in the following areas?	Needs support	Satisfactory	Good	Excellent
Independence and organizational skills	☐	☐	☐	☐
Personal relationships and social interactions	☐	☐	☐	☐
General academics standards	☐	☐	☐	☐

Does your child have any areas of exceptional ability? Please explain.

Signature

Parent / Guardian Full Name

Date of Application

HEALTH INFORMATION FORM

CHILD'S INFORMATION

Child's Name	Date of Birth	Nationality	Gender

Father's Name	Mother's Name

Father's Mobile Number	Mother's Mobile Number

Residence Landline	Office Landline

MEDICAL HISTORY

If Yes, please specify Month/Year of illness:

Infectious Diseases	Yes	No	Details
Diphtheria	☐	☐	
Dysentery	☐	☐	
Infective Hepatitis	☐	☐	
Measles	☐	☐	
Mumps	☐	☐	
Poliomyelitis	☐	☐	
Rubella	☐	☐	
Scarlet Fever	☐	☐	
Tuberculosis	☐	☐	
Whooping Cough	☐	☐	
Chicken Pox	☐	☐	

Disease/Condition	Yes	No	Details
Accidents	☐	☐	
Allergies	☐	☐	
Bronchial Asthma	☐	☐	
Congenital Heart Disease	☐	☐	
Diabetes Mellitus	☐	☐	
Epilepsy	☐	☐	
G6PD	☐	☐	
Rheumatic Fever	☐	☐	
Surgical Operation	☐	☐	
Thalassemia	☐	☐	
Others	☐	☐	

History of Blood Transfusion

☐ YES ☐ NO Details:

History of Hospitalization

☐ YES ☐ NO Details:

Please tick if the child is using any of the below

☐ Braces ☐ Crutches ☐ Eyeglasses ☐ Lenses

Family history of (Heart disease/diabetes/hypertension/mental disorder/ stroke/tuberculosis/Others), Please Specify:

Please describe any past or present serious illness, physical or emotional handicaps.

Signature	Parent / Guardian Full Name	
	Date of Application	

S.E.N. INFORMATION

Does your child have Special Educational Needs (SEN)? If “yes”, please provide official reports. ☐ YES ☐ NO

Has your child ever been classed as having any of the following?

Learning Disability	Attention Deficit Disorder
☐ YES ☐ NO	☐ YES ☐ NO
Behavioral Problems	Physical Disability
☐ YES ☐ NO	☐ YES ☐ NO

Please provide any further information in relation to circumstances or needs which may affect your child’s learning ability? (for example: personal, health, etc...)

Signature	Parent / Guardian Full Name	6 / 10
	Date of Application	

MEDICAL EXAMINATION CONSENT

CHILD'S INFORMATION

Child's Name	Date of Birth	Gender

The school medical examination is a screening procedure for students at certain age groups, aiming at detecting any abnormalities or defects which might need medical intervention. The examination will be conducted throughout the academic year as per HAAD guidelines. The school nurse will help the school doctor in conducting the physical examination and will be present during the entire checkup.

It will include screening almost all body systems and assessment of growth and development of the student. It will also include vision check using eye chart.

If you have any questions or concerns regarding the examination, please contact the School Doctor, or Nurse.

I consent for the medical examination of my child by the school doctor at Madar.

- ☐ Yes
- ☐ No

If you do not consent to this, you will need to provide the school's health office with a similar medical report from your private doctor (pediatrician / family physician).

Signature	Parent / Guardian Full Name	7
	Date of Application	10

MEDICATION ADMINISTRATION CONSENT

CHILD'S INFORMATION

Child's Name	Date of Birth	Gender

Please tick the appropriate box and sign your name to give consent for the administration of these medications.

- ☐ I do not allow my child to receive medications from the school clinic.
- ☐ I allow my child to receive medications from the school clinic.

Please tick the medicine you want your child to receive in the clinic.

Name of medicine	Indication or use of medicine	Yes
Ibuprofen syrup/tablets	Pain, swelling	☐
Paracetamol syrup/tablets	Headache, fever, pain	☐
Claritin syrup/tablet	Allergy / Rhinitis	☐
Maalox suspension/Rennie tabs	Heart burn and acid indigestion	☐
Fenistil/bite cream/gel	Insect bites / Skin Rashes / Skin Burn	☐
Arnica gel	Bruise, swelling	☐
Betadine	Wound cleansing	☐
Fucidin ointment	Antibiotic cream for wounds	☐
Burn gel/spray/cream	Burns	☐
Deep heat spray	Muscle pain	☐
Junior strepsils	Sore throat	☐

Signature	Parent / Guardian Full Name	
	Date of Application	

VACCINATION CONSENT

CHILD'S INFORMATION

Child's Name

Date of Birth

Gender

Please tick the relative box:

- [ ] I give the consent for the vaccination of my child
- [ ] I do not agree to my child's vaccination.

Parent / Guardian Full Name & Signature

Address

Landline

Mobile

Dear Parents,

Please provide the following information to update your child's school health record and send his/her ORIGINAL vaccination CRD CHILD HISTORY OF ILLNESS:

Signature

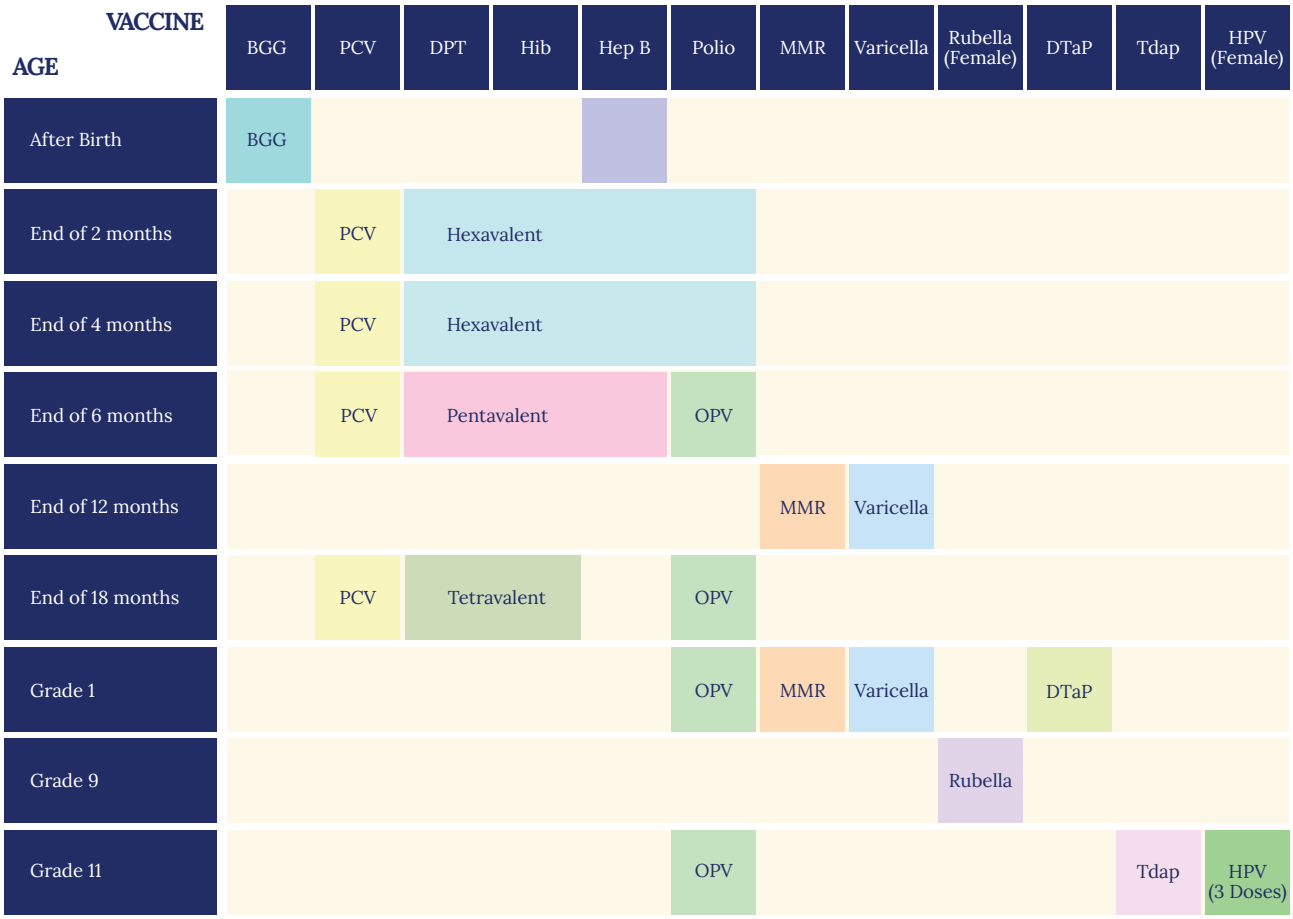
Parent / Guardian Full Name

Date of Application

VACCINATION RECORD

- The students that have been admitted to kindergarten (KG1 or KG2) or Grade one must submit a vaccination card that fulfils the "Childhood Vaccination Schedule" of the current HAAD Vaccination Schedule.
- Students that have been admitted to Grades 2 to 12 (Year 13) must submit a vaccination card that fulfils the "Childhood Vaccination Schedule" and the "School Vaccination Schedule According to Grade" of the current HAAD Vaccination Schedule.
- Kindly provide a true photocopy of the original vaccination card. If the vaccination card is in regional language, that will have to be provided a translated copy in English which is properly attested by private doctor.
- The vaccination schedule is as below:

HAAD CHILDHOOD AND SCHOOL VACCINATION SCHEDULE



Legend :

BCG:	Bacillus, Calmette-Guerin (against tuberculosis)
IPV:	Inactivated Poliovirus vaccine
DTaP:	Diphtheria, Tetanus and acellular Pertussis
MMR:	Measles, Mumps and Rubella
DPT:	Diphtheria, Pertussis and Tetanus
PCV:	Pneumococcal Conjugate Vaccine
Hep B:	Hepatitis B
OPV:	Oral Poliovirus Vaccine
Hexavalent:	DTaP, Hib, Hep. B and IPV combination vaccine.
Pentavalent:	DPT, Hib and Hep. B combination vaccine.
Hib:	Hemophilus Influenzae Type B.
Tdap:	Tetanus, reduced Diphtheria, and reduced Pertussis.
HPV:	Human Papillomavirus.
Tetravalent:	DTaP and Hib combination vaccine