



Date of Application ____ / ____ / ____

STUDENT ENROLMENT FORM

STUDENTS LAST NAME _____ STUDENTS FIRST NAME _____

Grade and Class _____ Start Date ____ / ____ / ____

ALL FORMS MUST BE COMPLETED PRIOR TO ATTENDING YOUR ENROLMENT APPOINTMENT

- Student's VALID Passport & Visa _____
Student's Birth Certificate _____
Student's VALID ID (Iqama, Diplomatic or Saudi ID) _____
Two Recent Passport Size Student Photographs _____
Father's VALID Passport & Visa _____
Father's VALID ID (Iqama, Diplomatic or Saudi ID) _____
Mother's VALID Passport & Visa _____
Mother's VALID ID (Iqama, Diplomatic or Saudi ID) _____
Introduction Letter from Father or Mother's Employer _____
Latest School Report _____
Attested Transfer/Leaving Certificate _____
Financial Clearance Certificate _____
Vaccination Certificate _____
Payment Policy _____

PHOTOCOPIES OF ALL DOCUMENTS REQUIRED FOR ENROLMENT. ORIGINALS WILL NOT BE ACCEPTED OR RETURNED TO YOU

Please Note:

- * Failure to provide the above documentation could result in your child being withdrawn.
*It is the parents' responsibility to provide copies of renewed passports and Iqamas - failure to do so could result in your child being withdrawn.



MINISTRY ATTESTATION

The Ministry of Education in Saudi Arabia requires that students provide all their previous school reports from Year 1 onwards.

You will need to take both the originals and copies of the reports to either your country's Ministry of Education or a Saudi Consulate to be stamped. Alternatively, you may bring the reports with you and organise for them to be stamped here by the Saudi Ministry of Education.

We will only need the copies when you enrol, not the originals.

If you do not have them, you will need a letter from previous schools stating that your child has passed each Year Group.

I have read and agreed with the above terms.

Child's name _____

Class _____

Name of Parent (Guardian): _____

Signature: _____

Date: _____



STUDENT'S PERSONAL DATA

Family Name: _____
(Last Name as written on passport)

Given Name: _____
(First Name as written on passport)

Date of Birth: ____ / ____ / ____

Place of Birth _____

Nationality: _____

Religion: _____ Gender: _____

ID Number: _____
(Iqama, Diplomatic or Saudi ID)

Expiry Date: _____

Passport Number _____

Expiry Date: _____

Students' Native Language _____

Name(s) of Siblings at MNS-R:

Student Home Address & Transportation Method

1. _____

2. _____

3. _____

Home Phone: _____ Ext: _____

FATHER'S DATA

Family Name: _____

Given Name: _____

Employer: _____

Position: _____

School Fees are Paid By _____
(Your employer, yourself etc.)

ID Number: _____
(Iqama, Diplomatic or Saudi ID)

Expiry Date: _____

Passport Number: _____

Expiry Date: _____

Nationality: _____

Work Phone: _____ Ext: _____

Mobile Phone 1: _____

Mobile Phone 2: _____

Preferred Email: _____

Secondary Email: _____

MOTHER'S DATA

Family Name: _____

Given Name: _____

Employer: _____

Position: _____

ID Number: _____
(Iqama, Diplomatic or Saudi ID)

Expiry Date: _____

Passport Number: _____

Expiry Date: _____

Nationality: _____

Work Phone: _____ Ext: _____

Mobile Phone 1: _____

Mobile Phone 2: _____

Preferred Email: _____

Secondary Email: _____

Main contact for fees payment: Father/Mother

First contact: Father/Mother *(please circle)*

STUDENT'S EDUCATIONAL BACKGROUND

Language of Instruction at Previous Schools: _____

Name of School	City/ Country	Period		Year/Grade Completed
		From	To	

LANGUAGES OTHER THAN ENGLISH (if applicable)

Please tick **one** language below for your child to study as an additional language in the LOTE programme.

Arabic

French

Is your child a Native Arabic Speaker? Yes No

SPECIAL EDUCATION PROGRAMMES

Please indicate if your child needs any of the following support programmes available at the school. Failure to do so can result in the school asking you to withdraw your child from the school until a full assessment can take place.

Special Needs Programme (for students with disabilities)

Please List Disabilities:

If none please sign here: _____

Has your child been formally assessed?

Yes No

Learning Support Programme (for students requiring extra tuition)

Subjects/ Skills Required for Extra Tuition

If none please sign here: _____

Has your child been formally assessed?

Yes No

Supplementary English Language Programme (for students who require additional support with their English)

Please give details:

Years of English Study _____

Languages Spoken at Home _____



Multinational School - Riyadh

Saudi Arabian International School, Riyadh. Multinational Section

Tel: (+966 11) 211 1620 ext. 217 Fax: 275 1750

registrar@mns-r.com www.mns-r.com

INDEMNITY

I, _____
(Name of Parent / Guardian)

PO Box: _____
Riyadh: _____
Kingdom of Saudi Arabia

Being the lawful Parent or Guardian of _____ I hereby agree:
(Student's Name)

1. That the SAIS-R Multinational Section, (including its Board of Governors as elected or nominated from time to time, and / or teachers, officials, employees, or voluntary helpers of the school) shall have no responsibility, of whatsoever nature, in respect of any bodily injury to the above named student:
 - a) prior to the actual delivery of my child in to the custody of one of the said teachers or officials inside the grounds of the said school or after my child has been collected from the school grounds by a person authorised by me to do so, on a normal school day, outside the hours of 7:35am and the end of the teaching day.
 - b) whilst on the school premises outside of the hours for which my child is enrolled
 - c) at any time unless my child is in the direct custody of one of the teachers or officials while on a recognised outing or function arranged by the school
 - d) unless the injury is caused by, or results from
 - i. a negligent act or omission of teachers, officials, employees, or voluntary helpers or persons authorised to act for or on behalf of the School
 - ii. any defect in the premises of the School
2. For my child to receive first aid at school and if need be medical treatment at a local clinic / hospital, in the event of accident / emergency.
3. To indemnify and keep indemnified the school in respect of any amounts the school may pay in respect of medical or other expenses arising from accidental bodily injury to my child in circumstances other than set out as above.
4. To indemnify and keep indemnified the school in respect of any loss or damage to property belonging to or in the custody of the school caused by my child.
5. That no chewing gum, gobstoppers or any other candy that might cause choking injury will be brought onto the premises.

Name of Parent (Guardian): _____

Signature: _____

Date: _____

DISCLAIMER

The School will not be held responsible for any students **behavioral** or **medical** conditions and has the right to ask a student to **leave** the school if any situation arises that would compromise the **Staff** or **School**. It is the **parents'** responsibility to update the school about any changes to contact information or medical details.

I have read and agreed with the above terms

Name of Parent (Guardian): _____

Signature: _____

Date: _____

PHYSICAL EDUCATION INFORMATION

PE CLASSES AND THE PE UNIFORM ARE COMPULSORY

BOYS AND GIRLS WILL TAKE PE / SWIMMING CLASSES TOGETHER

Physical Education and swimming classes are compulsory at the Multinational School from KG1 to Year 8. These classes are mandatory within the Australian Curriculum, which the School is accredited to deliver, and form an integral part of that programme. However, Physical Education and swimming classes are optional under the IGCSE programme in Years 9 & 10.

Please be aware that classes are not separated by gender and students are not permitted to refrain from participating in lessons unless a medical certificate can be provided to the Physical Education staff.

Please refer to the Multinational School Dress code for appropriate sports and swimming attire.

Medical Information (This information can protect your child)		
Medical Condition		Further information or instructions
ALLERGY (particularly insect sting)	Yes / No	
BREATHING DISORDER (particularly Asthma)	Yes / No	
EAR DISORDER (particularly drainage tubes or deafness)	Yes / No	
EPILEPSY (whether mild or severe)	Yes / No	
FAINTING / DIZZY SPELLS (or other sudden loss of consciousness)	Yes / No	
IS THERE ANY REASON YOUR CHILD CANNOT PARTICIPATE IN PHYSICAL ACTIVITIES? If yes complete boxes below.	Yes / No	
A medical letter must be attached to support this reason.		<u>Other relevant information</u>

CONSENT TO PE CONDITIONS AND MEDICAL TREATMENT

As Parent/Guardian of _____

I authorise the Teachers and Instructors to obtain initial treatment from the school clinic by a qualified school nurse and if need be, at a local clinic/hospital should an accident occur. I agree to pay all medical expenses incurred on behalf of the above student.

I agree to the Discipline and Dress Code outlined in the School Prospectus

Name of Parent (Guardian): _____

Signature: _____ Date: _____



MEDICAL QUESTIONNAIRE

Please complete the following questions, detailing as much information as possible.

Last Name: _____

First Name: _____

Date of Birth: _____

Class: _____

Parent Contacts

Emergency Contact Details (not parents)

Home Phone: _____

Name: _____

Work Phone: _____

Mobile: _____

Mobile: _____

When did you last have your child's vision tested?

Date: _____

Result: _____

Does your child have any hearing problems?

Yes / No

When did your child last have a hearing test?

Date: _____

Result: _____

Does your child take any medicine regularly?

Yes / No

If yes, list all medication and dosages: _____

Is your child allergic to any medicine?

Yes / No

What reactions do they experience? _____

Does your child have any special medical or behavioural problems the school should be aware of? Yes / No

If yes, give details: _____

IMMUNISATIONS

Vaccination Certificate Attached

Yes/No

Diphtheria – Tetanus or Diphtheria – Pertussis Whooping Cough, Tetanus

(DPT) – Please Specify

Yes /No

Date: _____

Polio

Yes /No

Date: _____

Measles, Mumps and Rubella Vaccine

Yes /No

Date: _____

Hepatitis A or B

Yes /No

Date: _____

Typhoid

Yes /No

Date: _____

Meningitis

Yes /No

Date: _____

Other (specify)

Yes /No

Date: _____

Tuberculin Test Positive Negative

BCG (TB Immunisation) Date: _____

If your child has had any of the following please explain in detail on the back of this page and provide a copy of the medical reports supporting this.

Behavioural Problems	Yes /No	Heart Condition	Yes /No
Concentration Problems	Yes /No	Migraine	Yes /No
Coordination Problems	Yes /No	Mobility Problems	Yes /No
Diabetes	Yes /No	Orthopaedic Problems	Yes /No
Eczema or other skin conditions	Yes /No	Speech Difficulties	Yes /No

Please explain any allergies your child has and how you treat a reaction to an allergy.

Please explain if your child has asthma and what medication or treatment they receive.

You must provide an inhaler or medication for use in the school.

Please explain if your child has epilepsy and what medication or treatment they receive.

You must provide medication for use in the school.

Please explain any hospitalisation and/or operations your child has had.

Further Comments: *(continue on back if necessary)*

CONSENT TO TREATMENT / CONFIDENTIALITY

I consent to my child receiving initial treatment from the school clinic, from a qualified school nurse and if need be, at a local clinic / hospital. I agree to pay all expenses incurred on behalf of my child.

I am aware that the school nurse and Principal will see my child's medical notes.

Name of Parent (Guardian): _____

Signature: _____ Date: _____

CLINIC POLICY

Staffing

- Two qualified currently registered nurses are on duty until 3:10pm in the school clinic.

Admission Medical Questionnaire

- All parents must complete the Medical Questionnaire **before** their child enters the school.
- Any child with a medical condition is identified and further medical information may be required.
- Letters are sent to parents of children with asthma, allergies, epilepsy, etc., for more detailed information.
- Should your child's medical condition/medication change during the year it is requested that you inform the clinic.

Medical file

- Each student has a medical file. Allergies and significant medical problems are highlighted on the file. Current medications are recorded in the file.
- **All medications given in school will be recorded in the file and a letter will be completed for the parents that will be given to the student or the student's class teacher.**
- **All medical files are treated as confidential and are kept in a locked filing cabinet in the clinic.** Only nurses and the Principal have access to these records, unless permission is given by the parents or the student, (if old enough to consent), for other staff members to view. All correspondence from parents, teachers and medical personnel are attached to the student's file, as are updated addresses and phone numbers.

Student's medication

- All medication brought into school by students **must** be kept in the clinic. The medication should be accompanied with a note from the parents detailing dosage and time to be administered. The student will be told when to come to the clinic and the medication will be given at the correct time.
- When the medication needs replacing because it has expired or finished a letter will be sent via the student.
- **All prescription medications must be kept in the clinic and administered by the school nurse.** Exceptions are asthma inhalers, EpiPens and diabetic medications. **Students may only carry these medications if they are proficient in their use.**
- All unused medication left at the end of the school year will be disposed of.
- **Authorisation for a registered nurse to administer over-the-counter medication to students is implied by signing the consent to treatment on the medical questionnaire.**

Student sickness

- Should a student become injured or sick during school hours, the student must notify a member of staff and be seen by the school nurse. The nurse will assess and treat the student and if necessary give permission for them to be excused from class/classes.
- When it is considered necessary for the student to be sent home parents will be contacted and asked to arrange immediate collection.
- In most incidences, students will remain in clinic until collection.
- **Parents must be contactable at all times and are expected to collect their child within a reasonable time frame, (approx. 1 hour after initial contact)**
- **Please ensure you have the school phone number keyed into your mobile.**
- It is sometimes arranged for the student to go home on the 1.00pm bus instead of the 2.10pm bus, but parental consent must first be obtained.
- If a driver is sent to collect the student, he should, if possible, have a note from the parents, or his name and iqama number should be obtained.
- The student must recognise his/her driver.
- Parents are advised that students who are ill prior to the start of the school day **must** remain at home.
- Communicable diseases are common among schoolchildren and school provides an ideal environment for diseases to spread. Some diseases present a risk to others such as **pregnant women** and students may need to be excluded.
- Students who are not well should be excluded even if they are not infectious.
- **Students and staff should be excluded if they have diarrhoea or vomiting and they should not return to school until they have been symptom free for 48 hours, (unless the cause is non-infectious ie.travel sickness or coeliac disease).**
- **Letters to parents advising of medical treatment given in school.**
- A letter is always sent to parents when a student has a head injury, any serious accident or has an illness that has been treated with medication.
- If a student has a medical problem, no matter how minor, parents will be contacted by phone or letter.

Emergencies

- In the event of an emergency, the student will be transferred to a suitable medical facility, (usually Kingdom Hospital). Parents will be contacted as soon as possible so they may join their child.

Signed: _____

Date: _____



Photography

From time to time, the Multinational School takes photographs of children for use in our **websites, social media and brochures**.

The Multinational School staff will be taking photos for our brochures, websites and social media throughout the school year and this involves students from KG1 to Year 12 being photographed in a range of different scenarios.

Do you consent to your child having their photograph taken for MNS publicity materials? (I.e. the school website, social media pages and brochures)

Yes

No

In addition to this, each year we have class and school photographs taken.

Do you consent to your child having their photograph taken for class and school photographs?

Yes

No

Signed: _____

Date: _____



TOILET TRAINED – KG1 & KG2

We unfortunately do not accept any child into our school who is not toilet trained.

A toilet-trained child is a child who can do the following:

- 1) Be able to TELL the adult they have to go to the bathroom BEFORE they have to go.
- 2) Attempt to pull down their underwear and pants and get them back up.
- 3) Be able to wipe themselves after using the toilet.
- 4) Be able to get off the toilet by themselves.
- 5) Attempts to wash and dry their hands.
- 7) Be able to postpone going if they must wait for someone who is in the bathroom or if we are outside and away from the class.

Student Name: _____

Class: _____

Parent Name: _____

Parent Signature: _____

AFTER SCHOOL CARE PROGRAMME

Available only to Kindergarten children only who have older siblings in this school.

Children are cared for by teachers and assistants and are involved in the following activities:

- Drawing
- Painting
- Craft
- Outdoor Play

Once a week students may watch a movie and have popcorn.

ALL students must be collected **promptly** from the afterschool care room no later than 2:00 pm.

AFTER SCHOOL CARE REGISTRATION

I would like to enrol my child in the Afterschool Care program.

I understand that there is a fee of 900 SR to be paid each term.

Student Name: _____

Class: _____

Parent Name: _____

Parent Signature: _____

Start Date: _____



BREAKFAST CLUB & CARE

Children are cared for by teachers and assistants and are involved in the following activities:

- Breakfast: Drink and a light meal.
- Outdoor play
- Indoor activities

STUDENTS MUST NOT ARRIVE BEFORE 6.30AM.

BREAKFAST CLUB & CARE REGISTRATION

I would like to enrol my child in the Breakfast Club Care program.

I understand that there is a fee of 1600 SR to be paid each term.

Student Name: _____

Class: _____

Parent Name: _____

Parent Signature: _____

Start Date: _____

School Hours

The school operates on a five-day week, Sunday to Thursday.

Special Needs

Classes start at 7:50 a.m. and finish at 1:00 p.m.

Kindergarten

Classes start at 7:50 a.m. and finish at 1:10 p.m.

Foundation to Year 8

Classes start at 7:50 a.m. and finish at 2:00 p.m.

Years 9 to 12

Classes start at 7.50 and finish at 2.00 p.m. **except Monday & Wednesday**, which are 7.50 a.m. to 3.00 p.m.

**Staff will be on playground duty between 7:35 a.m. and 7:50 a.m.
and between 2:10 p.m. and 2:25 p.m.**

Additionally, there will be staff presence during school breaks.

The school is not responsible for the safety and welfare of the students outside the above-mentioned hours. Students must not arrive at school before 7:35 a.m.

Kindergarten students must be collected by 1:20 p.m. Foundation and above by 2.25 p.m. at the latest. The only exceptions are for students attending the breakfast club, after school care or undertaking extracurricular activities:

- Students attending breakfast club may enter the school from 6.30 a.m.
- Students attending extracurricular activities must be collected no later than 3.10 p.m.
- After School Care – Kindergarten students waiting for older siblings must be collected from after school care no later than 2.25 p.m. All other students attending after school care (by prior arrangement) must be collected no later than 3.10 p.m.

Office Hours

The school office is open from 8:00 a.m. to 3:00 p.m. Sunday to Thursday. All enquiries should be directed to the Receptionist during these hours.

Appointments must be arranged through the Receptionist for parents to meet with the Registrar, Coordinator or any of the Teachers.

Payment Policy

- Fees must be paid before the start of each term and **no** student will be admitted to the school until the fees are paid in full.
- Please note that invoices for each term are sent in advance. Misplacing or not receiving the invoice will not be considered a valid reason for failure to pay the school fees by the due date. It is your responsibility to inform us of any change of emails, and contact us if you do not receive and invoice.
- Fees paid with a cheque that is dishonoured will entail an additional SAR 200.00 service charge.
- Registration or term fees cannot be transferred to another student or another term.
- It is the parent's responsibility to pay all the fees on time. If a company provides help with education costs, it is a matter for the parent and their sponsors to arrange.
- A late charge of SAR 1,000 will be added to any outstanding fees.
- If a parent withdraws a student from the school during a term, no portion of the fees will be refunded. If the fees have not been paid for any reason, you will still be liable to pay them.
- Students leaving the school will only be refunded their Book Deposit once all their books have been returned in good condition and all the fees due are cleared. The book deposit should be claimed within 3 months of the Student leaving the school.
- In order to guarantee a place in the school for your child in 2020/2021 you will be asked to pay SR 2,500 per student by 2th April 2020. This amount will be subsequently deducted from the term one fee due for 2020/2021. Please note this amount is non-refundable under any circumstances
- New Students who gain admission need to pay the registration fee and book deposit at the time of Registration. **Places are not confirmed until the payment is made.**
- Please note the Registration fee is non-refundable in the event that student does not join the school for whatever reason.

I have read and understand all the terms and conditions regarding registration, re-registration and leaving procedures.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Name (in capitals): _____

Name of Child _____ Class _____

Original - **Registrar**

Copy - **Parent**