

FEES ACKNOWLEDGEMENT FORM

I understand the policies of **Al Majd International School** stated as follows:

- ❖ That before the child/children can sit for Admission Test/s to the school, payment of Registration Fee per child is required. This is **NON-REFUNDABLE** whether the child is successful or not in the interview and/or admission test.
- ❖ The school has the right to reject admission of a child who is not qualified and/or mentally incapable.
- ❖ It also rejects admission if the parents are financially incapable of paying the fees of their child/children.

Name of child/children:

_____	Class _____	Registration Fee SAR _____
_____	Class _____	Registration Fee SAR _____
_____	Class _____	Registration Fee SAR _____
_____	Class _____	Registration Fee SAR _____
_____	Class _____	Registration Fee SAR _____

Parent's Signature over printed name

Date

Dear Parents:

Kindly fill-in the student personal data Form for updating school records.

Do ensure that the information provided is correct and valid as per requirements. Notify the school office if any changes on your official information.

Full Name:	
Accommodation	Flat <input type="checkbox"/> Villa <input type="checkbox"/>
Ownership Housing	Rent <input type="checkbox"/> Owner <input type="checkbox"/>
Province	
City	
Location	
Name of Street	
Cross	
House Number	
Adjacent Street Name	

I hereby declare that the information that I have provided is accurate.

Name of Father: _____

Signature: _____

Date: _____

Since the above data is immediately required by the Ministry of Education, KSA. It must be duly filled and submitted at the earliest. If not, the student will not be allowed to attend classes until the submission of the form.

SCHOOL MANAGEMENT

REGISTRATION CONTRACT

ACADEMIC YEAR _____ to _____

This contract is entered into by **Al Majd International School** (hereafter referred to as “the **First Party**”) and the Parent/Guardian (hereafter referred to as “the **Second Party**”) on this date _____.

First Party: Al Majd International School, License No. 520-4400 (BS), 520-4403 (GS)
P.O. Box 76240, Rakah, Al-Khobar 31952, Eastern Province, Kingdom of Saudi Arabia

Second Party: Parent/Guardian

Name of Father: _____ Mobile No.: _____

IQAMA No.: _____ Nationality: _____

Name of Mother: _____ Mobile No.: _____

Admission No.: _____ Student Name: _____

Student IQAMA No.: _____ Gender: _____ Grade Level: _____

WHEREAS the **First Party** is abided by the laws, regulations and directives of the MOE and the Government of Saudi Arabia; and the **Second Party** is abided by the local laws, rules and regulations of MOE and the Directives laid down by the **First Party** and ensures that his child remains committed to all the items in the school code of conduct given in the Students Handbook.

IN CONSIDERATION that the **Second Party** would like to seek admission for his child to the **First Party**, **BOTH** parties agree as follows:

1. Enrollment Procedures

- Fill in the Application Form.
- Submit all the needed documents as mentioned in the Application Form.
- Upon approval of the documents, pay the Registration Fee (Non-Refundable).
- Sit for the Admission Test as per schedule.
- Attend the interview as per schedule.
- Failure to furnish the required documents within one week of registration, the registration is deemed to be cancelled.

2. School Fee and Transportation Fee

- School fee is fixed based on the approval of the Ministry of Education (MOE) and it is considered a moral and legal responsibility of the Second Party to make all payments as specified. School Fees can be changed at any time without prior notice, upon approval of MOE.
- The amount of Registration Fee paid at the time of enrollment is non-refundable.
- The **Second Party** may pay in monthly, quarterly, or annually.
- The **First Party** has the right to terminate the contract and cancel the enrollment if:
 - The **Second Party** fails to pay or delays to pay the fees for two months
 - The **Second Party** exhibits any act of misbehavior or misconduct (parents or child)
- Transportation fee is fixed based on the proximity of the destination from school as given in the fee structure. This amount is fixed for one whole Academic Year.
- Transportation fee is charged only for those who avail the bus services. The **Second Party** shall abide by the rules and regulations stipulated in the School Bus Contract.

3. Discipline

- All students are expected to conduct themselves with a sense of self-control, self-discipline & self-direction. Any kind of misdemeanor is punishable. Depending on the severity of action, the consequence varies from advice, warning, suspension, or expulsion.
- All classroom rules and school rules specifying the DO's and DON'Ts (given in Student Handbook) regarding uniform, punctuality, attendance, assessment, electronic gadgets, anti-bullying etc. are to be strictly adhered. Any deviance is not acceptable and the **Second Party**, in such circumstance, is bound by this contract to accept the school decision as final.

4. Undertaking

- The **First Party** organizes events which may require students to go to other schools or places outside school for projects, activities, and educational trips. This contract serves as an agreement by the **Second Party** to permit his child to participate in such activities.
- In case of emergency or accident the **First Party** is responsible to provide First Aid and inform the **Second Party**.

5. Communication

- The **Second Party** is entitled to proper channel of communication with the **First Party**. The **First Party** shall, as it may deem fit, communicate the Second party through circular, email, SMS, school website, School Facebook page or class Group WhatsApp with teachers.
- The **Second Party** is advised by the **First Party** to regularly log-in to the Al Majd International School website or School Management System www.almajdph.sgei.com to keep him informed of his child's performance and other details.
- The **Second Party** is not permitted to meet his child's teacher during school hours. Communication with teachers should be purely through appointment.
- Second Party** may fix an appointment with the assistance of an Admin staff to meet the Coordinators, Academic Directors and Principal.

6. Attendance

- The child of the **Second Party** will not be permitted to sit for any exams if he/she is absent for more than 20% of the total school days attendance.

7. Duration of the Contract

- This contract is valid while the **Second Party's** child remains enrolled in this school. However, the **First Party** holds the right to take necessary action to cancel the enrollment and this contract in case of violation of or non-compliance with the school norms as laid in Paragraphs 1 to 6.

PARENT/GUARDIAN
Represented by:

Al Majd International School-Philippine Curriculum
Represented by:

Signature over printed name

Signature over printed name

HEALTH EVALUATION FORM

NAME:		Father's Name:	
Boy: <input type="checkbox"/>	Girl: <input type="checkbox"/>	Birthdate:	Mobile No.:
Place of Birth:		Mother's Name:	
Nationality:		Mobile No.:	
Admission No.:	Admission Date:	Emergency contact number besides parents:	
Academic Year:	Grade:	Section:	Email Ad:
Home Phone:		Sponsor:	
Blood Group: _____ Height: _____ Weight: _____ Date Measured (dd/mm/yyyy) _____			
Immunizations and Screenings			
Childhood Immunizations	Children ages 2-17 are up-to-date based on health requirements. Please attach the child's immunization card.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In case of emergency please contact:			
Name of family doctor:		Phone No.:	
Hospital Name:		File Number:	

Does your son/daughter have any of the following conditions?

Case	Yes	No	Recommendations
Heart disease			
Diabetes			
High pressure/low pressure			
Asthma			
Muscle or bone problems			
Severe headache			
Anemia or blood disease			
Sight/Eye Problem (wearing glasses/contact lenses)			
Fainting/dizziness			
Cramps			
Nasal bleeding			
Speech problems			
Allergy type/symptoms			
Seizure/Epilepsy			
What to don when allergies/seizures/epilepsy occurs?			
A pathological condition that interferes with sports activity			
Special Diet			
Medicine/s taken regularly only (not found at the school clinic)			
Other: please specify			

Previous childhood diseases:

- | | | |
|---|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Smallpox/Chicken pox | <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Rubella | <input type="checkbox"/> Corona Virus | <input type="checkbox"/> Other |

For the sake of Al Majd International School-Philippine Curriculum (for the safety of your children and according to the policy of schools to deal with the administration of medicines for children within, it has been decided to obtain a prior written authorization in this regard from you so that the doctor can give medicine to sick child and therefore please sign the authorization listed below to determine the type of medicine to be taken.

Please be informed that the nurse is not authorized to give any medicine to your child unless there is an authorization from the child's doctor or the child's parent.

I authorized the school nurse to give my child _____ any of the drugs listed below.

Signature over printed name

Medicament Name	Yes	No
Analgesics (Panadol, Fevadol)		
Local analgesics (Reparil Gel, Rofenac)		
Antacid (Moxal)		
Colic spells (Buscopan)		
Hypersensitivity (Zyrtec)		
Topical antihistamines (Fucidin, Fucibact)		

In case of asthma, we recommend that you send a spray or medicine to keep it in the school clinic and indicate the doses and number labeled with name of the students and class.

We appreciate that at times the student should take the medicine during school hours. If you want the nurse to give the medicine to your child, please send the following information:

Student's name	
Grade	
Medicament name	
Dosage	
The time of administration of the drug	
The reason for giving this medicine	
Duration of treatment	

If we have any concerns or questions, we will not hesitate to contact you. Thank you for your cooperation in this matter.

I Authorized the school to treat my son/daughter of minor illnesses and receive first aid from school clinic. I also allow the school to transfer him/her to the nearest emergency (for treatment in emergency situations if necessary).

I certify that the information is correct, and I will notify the school in writing regarding any change of any of the above information

NAME	Signature	Date
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PARENT PLEDGE FORM

I, _____, PARENT OF _____, GRADE _____

After reading the school compact, I pledge and take responsibility that:

1. My child would commit to the school rules, maintain good conduct, be punctual and must have at least 80% attendance.
2. My child would commit to wear compete school uniform as well as proper sports outfit. (only on P.E. days)

Parent Information	NAME: _____ Signature: _____ Date: _____ Company: _____ Work No.: _____ Home No.: _____ Mobile No.: _____ & _____
Student Information	NAME: _____ Grade: _____ Section: _____
School Administration	School Deputy Headmistress: _____ School Leader: _____ NAME: _____ NAME: _____ Signature: _____ Signature: _____ Date: _____ Date: _____

NOTE:

1. The parent's signature will be taken at the beginning of the academic year.
2. The pledge forms will be filed with the school deputy headmistress.