

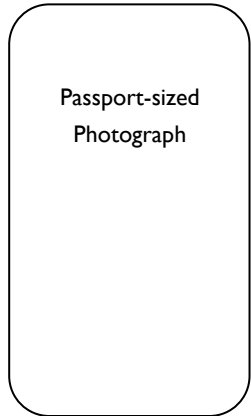
Registration Form



THE BRITISH SCHOOL
ALEXANDRIA
— since 1984 —

I. Details of Child

| | |
|---|-----------------|
| Surname | |
| Forenames | |
| <i>Please underline first name generally used</i> | |
| Gender | |
| Date of Birth | Place of Birth |
| Religion | |
| Requested start date | Year Group |
| Nationality | Passport Number |
| First Language | Other Languages |



2. Education to Date

| | | |
|-----------------------------------|--------------------------------|--|
| Present School/Nursery | Date entered | Date leaving |
| Address | | |
| Curriculum taught: | | |
| British <input type="checkbox"/> | CIPP <input type="checkbox"/> | Egyptian National <input type="checkbox"/> |
| American <input type="checkbox"/> | Other <input type="checkbox"/> | |
| Telephone | Country | |
| Previous School/Nursery | Date entered | Date left |
| Telephone | Country | |
| Curriculum taught: | | |
| British <input type="checkbox"/> | CIPP <input type="checkbox"/> | Egyptian National <input type="checkbox"/> |
| American <input type="checkbox"/> | Other <input type="checkbox"/> | |

3. Parent's Details

Guardians – Please complete as appropriate

| | |
|--|---|
| Father's Title | Mother 's Title |
| Full name | Full name |
| Nationality | Nationality |
| First Language | First Language |
| Address | Address |
| | |
| Country | Country |
| Email | Email |
| Tel Home Work Mobile | Tel Home Work Mobile |
| Occupation | Occupation |
| Work Address | Work Address |
| Country | Country |
| Where parents have different addresses please indicate where child lives | Mother <input type="checkbox"/> Father <input type="checkbox"/> |

4. Siblings

| | | |
|------------------|---|------------|
| Sibling Name (1) | BSA Student: Yes <input type="checkbox"/> No <input type="checkbox"/> | Year Group |
| Date of Birth | | |
| Sibling Name (2) | BSA Student: Yes <input type="checkbox"/> No <input type="checkbox"/> | Year Group |
| Date of Birth | | |

5. Medical Needs

Also please complete in full the Student Medical Form

Please mention any medical condition that might affect your child's life at school.

5. Behaviour

Has your child ever been referred to the Principal for a discipline or academic matter? *If yes, please give details*

7. Learning Support and/or Special Educational Needs

Has your child ever had any kind of specialist educational assessment or support?

If yes, please specify and supply details separately including all reports.

8. Further Information

How did you first hear of The British School, Alexandria? *Tick all that apply*

- Website
- Friends
- Advertisement
- Present School
- Local Reputation
- Other (please give details)

Connection with the school (if any)

- | | |
|--|--------|
| Have you visited the school? | Yes/No |
| Have you visited the British School website? | Yes/No |
| To whom should invoices be sent? | Yes/No |
| Do you give the school permission to take and publish appropriate pictures and videos of your child for official purposes? | Yes/No |

9. Payment of Fees

School fees are paid prior to commencement of the academic year (i.e. normally before the first week in September). Fees may be paid termly by arrangement. If a full term is not completed there will be no refund of fees. Fees must be paid prior to the beginning of each term; otherwise the child may not be admitted to School.

Refund of Tuition Fees

Subject to the circumstances of the case, a refund of tuition fees paid may be made provided fees have been paid by the due date and an application for the refund is received by the school, in writing at least 10 working days before the date of departure and within one month after departure.

Whole or half terms only are refundable and calculated from the next half term start date; the school does not refund on the basis of weeks. Year 11-13 students do not receive refunds for term 3 departures. Refunds are made by cheque or bank transfer (any bank charges incurred will be met by the parent).

The school does not hold places for students: should parents wish to withdraw their student for any length of time; the student will be considered a leaver and relevant tuition fees refunded. On return, the student will have to pay relevant fees, should a place be available. Students returning within 1 calendar year will not need to pay Registration again; students returning within 2 years will pay half Registration. After 3 years, full Registration is due.

10. Declaration

We request that the above-named child be registered as a prospective pupil. We understand that:

1. registration of our child as a prospective pupil does not secure our child a place at the School but does ensure that our child will be considered for selection as a pupil at the School.
2. the School may process personal data about our child, including sensitive personal data such as medical details, for the purpose of administering its list of prospective pupils and administering its selection procedures and we consent to the processing of our child's personal data for these purposes.
3. in the event that our child is offered a place at the School, such an offer will be subject to the school's terms and conditions for the provision of educational services, which will bind us in the event that we accept the place.
4. the school has permission to take our child on short educational visits which may mean nominal costs and that the school is not to be held responsible for any injury or accident which may occur although all due care and attention will be taken; the school has public liability insurance cover for the premises.
5. our child will adhere to the school's rules and regulations at all times including his/her adhering to the school uniform policy as outlined in the handbook.
6. the standard terms and conditions of the British School will undergo changes from time to time as circumstance require and will apply in all our dealings with the school and that we will be subject to such changes.
7. we undertake the responsibility to pay fees on the due dates and any sum required in respect of our child's education.
8. the curriculum at the British School, Alexandria is based on the National Curriculum of England and that any preparations for Egyptian National (Ministry) examinations, including examination entry which may be required for some Egyptian Universities , are the responsibility of parents.
9. all students are expected to partake in all curricular areas.
10. we hereby declare that the information enclosed in this application is true and accurate and that if the school discovers any falsification of information, it will undertake necessary action as appropriate adhering to the terms and conditions of the School.

Signature

Name in Full

Relationship to Child

Date

Signature

Name in Full

Relationship to Child

Date

No application can be processed until this completed form has been filled and all the required documents for admissions procured

- passport sized photograph of the child;
- birth certificate and/or copy of passport;
- copy of the nursery report (Foundation Stage students);
- copies of school reports for the past three academic years (KS1 students onwards);
- letter of recommendation for Secondary students.

Please return this form and all related documents as applicable to the Registrar.

5 Mahmoud Abou Ela Street, Kafr Abdou, Alexandria

Tel: 002-03-544 5426

E-mail: registrar@bsalex.net Website: www.bsalex.net

Fax: 002-03- 546 6864



Medical Data:

- Has your child had any operations or accidents? Yes No
If yes please give dates and details:

- Has your child been treated or is now being treated from any of the following conditions?

| | | |
|---|------------------------------|-----------------------------|
| Diabetes Mellitus | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bronchial asthma | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Epilepsy/convulsions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Heart condition | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Liver disease | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Kidney disease | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bone disease | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Any other problem that requires regular treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, please give details of treatment:

- Date of diagnosis:

- Name of medication:

- Doses:

- Does your child have any other problems that may affect him/her while in school?

| | | |
|---|------------------------------|-----------------------------|
| Allergies (medications or certain types of food) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Travel sickness | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Headaches/ migraine | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, please give details:

- Does your child have any specific dietary requirements? Yes No
If yes, please give details:

-
-
- Does your child require any aids (hearing aids, glasses, orthopedic aids)?
-
-

- Is there any medical reason why your child should not participate in sports including water sports?
-
-

- Is there anything else you feel that we should know that is relevant to your child's health or well being?
-
-

Vaccinations:

| VACCINE | Doses | | | |
|-------------------------------------|---------|---------|---------|--------------|
| | Dose #1 | Dose #2 | Dose #3 | Booster dose |
| Compulsory | | | | |
| BCG | | | | |
| DPT(Diphtheria, Tetanus, Pertussis) | | | | |
| Hepatitis B | | | | |
| Polio | | | | |
| MMR | | | | |
| Optional | | | | |
| Rota Virus | | | | |
| Hib(Heamophilus Influenza) | | | | |
| Pneumococcal Vaccine | | | | |
| Chicken Pox | | | | |
| Hepatitis A | | | | |
| DT | | | | |
| MMR | | | | |

Kindly note that the shaded cells do not require filling in.