

**FOUNDATION ADMISSION PROCEDURES TO THE AL-RAYAN INTERNATIONAL SCHOOL****PLEASE READ CAREFULLY**

Thank you for your interest in ARIS and for your enquiry for the admission of your son or daughter. To be considered for entry, please complete the attached Registration Form and submit this and the other documentation stated, to ARIS. However the completion of this form does not guarantee admission but we hope to be in a position to welcome you soon to the ARIS community.

You are asked to provide the following on application turn in:

- Completed Registration Packet
- Copy of IMMUNIZATION CARD
- Copy of child's passport/birth certificate
- Two passport photos
- The required application fee \$50, NON REFUNDABLE.

Admission is conditional upon parental agreement that students will participate fully in the curriculum and all related activities. The school curriculum does not include elements that would be disrespectful to any race or religion.

The School has a limited capacity and at times may have to operate with a waiting list; in that event priority is given to siblings of current students in good standing. Children will be asked to take a test to demonstrate an appropriate level of English competence relevant to their age group. A child's place on the waiting list is determined by the date the application is completed and all documentation and payments are received.

Once the admission documentation has been received and if it is realistic that a place will become available, the school will arrange an admission assessment. It will be carried out at school.

Once a starting date is agreed, the school requires that all documents are completed and all fees are paid in full before the student commences school. Your attention is drawn to the Fee Structure. See accountant.

Should it transpire that the school cannot offer education appropriate to a particular child's needs, the parents may be requested to withdraw the child. In the highly unlikely event of a student causing serious disciplinary problems, parents may also be requested to withdraw their child.



ARIS: Foundation Student Registration Form

Please note parents are responsible for updating the school, in writing of any changes.

Student Information

Expected Date of Enrollment _____ for Class _____
(day/month/year)

Family Name: _____ Given Name: _____

Date of Birth: _____ Place of Birth _____ Sex: M / F
(day/month/year)

Nationality: _____ Languages Spoken: _____ Religion _____

Home Address in
Ghana: _____

Family Information

Father/Guardian Information: Name: _____ Nationality: _____ In residence with child? Yes No Occupation: _____ Company: _____ Phone _____ Office: _____ Home: _____ Mobile: _____ Email: _____	Mother/Guardian Information: Name: _____ Nationality: _____ In residence with child? Yes No Occupation: _____ Company: _____ Phone _____ Office: _____ Home: _____ Mobile: _____ Email: _____
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Siblings' Information

Name _____	age _____	sex M/F
Name _____	age _____	sex M/F
Name _____	age _____	sex M/F
Name _____	age _____	sex M/F



ARIS STUDENT HEALTH RECORD

To be filled out by parent, please ensure that the school administration is informed of any changes to the information on this documentation

Last Name _____ First Name _____	
Date of Birth _____ (day/month/year)	Blood Group and Rhesus: _____
Place of Birth _____	
Sex (please circle one) MALE FEMALE	

Please check answers to the following questions.

1. YES / NO Does your child have any problems with vision, hearing or speech (ex. Wear glasses, contacts, ear tubes or hearing aids)? If you answered yes, please explain.

2. YES / NO Has your child had any significant injury or accident? (specify problem)? If you answered yes, please explain below.

3. YES / NO Does your child take any medicine (daily or occasionally)? If yes, please list below

4. YES / NO Does your child have any limitation on physical activity? If yes, please explain.

5. YES / NO Would you like to discuss any medical issues with the Administration?



Has your child had any of the following (tick applicable circle) and write any further comments below or attach a letter giving full details.

<input type="radio"/> Heart Condition	<input type="radio"/> Eczema	<input type="radio"/> Coordination Problems
<input type="radio"/> Migraine	<input type="radio"/> Vision Problems	<input type="radio"/> Epilepsy Convulsions
<input type="radio"/> Hearing Problems	<input type="radio"/> Diabetes	<input type="radio"/> Speech Difficulties
<input type="radio"/> Allergies	<input type="radio"/> Orthopedic Problems	<input type="radio"/> Concentration Problems
<input type="radio"/> Hospitalization/ Operations	<input type="radio"/> Behavioral Problems	<input type="radio"/> Asthma: takes medication?

ARIS has a line of medications that may be offered to students who may have a minor ailment. However, ARIS cannot administer any medication, whether it is prescribed or over-the-counter to students without the appropriate consent form on file.

I would like to be contacted every time before my ward is given any over-the-counter medications.

I give my permission to ARIS personnel designated by the school principal to give medication to my child according to the recommended guidelines.

MY CHILD MAY NOT RECEIVE:

I further agree to hold ARIS and all employees harmless in any and all claims arising from the administration of this medication at school.

I agree to notify the school in writing at the termination of this request or when any change in the above is necessary.

(PLEASE NOTE: ANY MEDICATION BROUGHT TO SCHOOL MUST BE IN ITS ORIGINAL BOTTLE/PACKAGE WITH PRESCRIPTION AND SUBMITTED TO THE NURSE).

Parent/Guardian Signature

Emergency Contact Number

Date _____



MEDICAL REPORT

To be completed and stamped by Family Physician or Clinic

History (Please review parent’s history and make any pertinent additions)

Current immunization for diphtheria, tetanus, poliomyelitis, tuberculosis skin test and BCG (if indicated – TB is prevalent here), hearing (audiometry), vision tests.

Childs Family Name	Childs First Name	Age
Date of examination (day/month/year)		

PHYSICAL EXAMINATION

Height	Weight	Age
Eyes: Vision with/without specs	Right	Left
Ears: Hearing (audiometry)	Right	Left
Skin:	Mouth:	Nose:
Throat: Lymph Nodes:		
Heart:	Size:	Sounds:
Rhythm:	Rate:	Murmurs:
Lungs	Abdomen	Genital
Extremities	Reflexes	Feet
Posture: Spine		

I, at _____ (clinic name) certify that all immunizations are up to date and I have attached copies of investigation reports where possible.

Doctor’s Signature	Print Name
Date:	

Official stamp with Name, Phone Number and Address of Practice:



IMMUNIZATION RECORD

This record is part of the student's permanent file

This record must be completed by family physician or school Nurse from an immunization record provided by parent or guardian.

VACCINE POLIO (OPV or IPV)		DATE EACH DOSE WAS GIVEN					
		1 st	2 nd	3 rd	4 th	5 th	Booster
DTP/DTaP/DT/Td							
MMR (Measles, mumps, and rubella)	(Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)						
HIB (Required only for child care and preschool)							
HEPATITIS B							
VARICELLA (Chickenpox)							
HEPATITIS A (Not required)							
TB SKIN TESTS							
TB SKIN TESTS <small>*If required for school entry, must be Mantoux unless exception granted by local health department</small>							
TB SKIN TESTS <small>*If required for school entry, must be Mantoux unless exception granted by local health department</small>	Type*	Date given	Date read	mm indur	CHEST X-RAY(Necessary if skin test positive)		
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other <input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other			<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Neg	Film date: _____ Impression <input type="checkbox"/> Normal <input type="checkbox"/> abnormal Person is free of communicable tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No		

1. DOCUMENTATION

child's immunizations and transcribed it accurately:
Date: _____

Record Presented was:

- Yellow fever Immunization Record
 - Other immunization record
- Specify _____

2. STATUS OF REQUIREMENTS

- A. All Requirements are met
Date: _____
- B. Currently up-to-date, but more doses are due later. Needs follow-up.

Exemption was granted for:

- C. Medical Reasons – Permanent
- D. Medical reasons – Temporary
- E. Personal Beliefs

3. Year 7 ENTRY

- A. All Requirements are met

Name _____ Date _____
 B. Currently up-to-date, but more doses are due later. Needs follow-up

_____ Date _____



EMERGENCY TREATMENT FORM

ARIS has secured a contract with the **West African Rescue Association-WARA** for Health clinic, Medical evacuation and rescue services for its students. WARA is the leading ambulance service for professional rescue and evacuation in Ghana.

Please complete the following details. This will greatly assist the staff in dealing with illness and accidents during school hours.

Family Name:	First Name	
Girl / Boy	Date of Birth:	
Home address		
Fathers Name:	Occupation:	Work phone:
Emergency contact Name:	Phone:	
Father Tel:	Mother Tel:	
Doctor's Name:	Doctor's Tel:	
Clinic Name:	Clinic Tel:	

Medical Details:

Known Conditions:

Allergies:

Do you authorize one of ARIS senior staff/Nurse to administer over the counter medicines, (see list) to your child in case of sudden onset fever? (Please circle)
YES / NO

CONSENT TO INITIAL CARE BY WARA and EMERGENCY HOSPITAL

We hereby **give/ do not give** (please circle) our consent for WARA to remove our child _____ from the premises of ARIS accompanied by one of our senior staff to a hospital to provide specific and necessary treatment. We understand that medical treatment may be administered to our child before our arrival, but always in the presence of the school senior staff. We sign below with the understanding that all effort will be made to contact us in the event of such an occurrence. A school staff member will accompany your child at all times.

Father/Guardian Signature:

Mother/Guardian Signature:

Date:

Date:



RELEASE OF LIABILITY

I, _____ (please print), parent/guardian of _____ (please print name of child), enrolled at Al-Rayan International School, Ghana, free the ARIS, Board of Management, Administration, Teachers, Voluntary helpers and Employees, from financial liability in connection with my child during attendance at the school and related educational activities.

For the next section, **please initial beside the applicable clause**, your agreement:

_____ It is understood that in case of extreme emergency, I authorize the school management to take any steps that it sees fit to safeguard my child's welfare.

_____ I will be responsible for any damage to school premises or equipment, and any damage to any other premises or equipment while at the school or on authorized school trips, if my child has caused this damage.

_____ I will follow the school payment regulations as published in the annual schedule of fees, including the timelines for payment, penalties for late payment (5% on overdue balance) and for failure to give proper notification of withdrawal (especially related to the timelines required – one full Semester's notice).

Name of Parent/Guardian: _____

Signature of Parent / Guardian _____ Date _____



CONTRACT OF AGREEMENT

This agreement is made between:

Al-Rayan International School (ARIS)

And

Parent's or Guardian's name

This certifies that ARIS has accepted

Student's name

Year _____ Academic year _____ - _____

For enrollment as a student.

The parent/guardian has signed this agreement to confirm that:

1. He / she understands the refund policies of ARIS.
2. He / she will follow the payment schedules.
3. He / she knows that a penalty charge of 100\$ will be charge in the first 30 days of late payment followed by an accruing 5% penalty charge for each month of unpaid fees.
4. He / she has read, understood and agreed to follow the guidelines, rules and regulations stated in the Parent's Handbook issued by the school.

Therefore, the school and parent / guardian have signed this agreement as evidence as such.

This agreement is made in duplicate in which the parent / guardian and school will each retain a copy.

Each copy is identical and shall be effective from the date of signing.

Signed at Al-Rayan International School on _____.

Date

Parent's / Guardian's Signature

Administrator's Signature