

**PRIMARY 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 to the ARIS community soon.

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
- Ghana Immigration Resident Permit (non-residents)
- 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.

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: Primary 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



Academic History of Student:

Name of School/Location	
Attended	From: (mm/yy) to (mm/yy)
Grade / Year/ Standard	
Language of Instruction	
Name of School/Location	
Attended	From: (mm/yy) to (mm/yy)
Grade / Year/ Standard	
Language of Instruction	
Name of School/Location	
Attended	From: (mm/yy) to (mm/yy)
Grade / Year/ Standard	
Language of Instruction	

Required Additional Student Information:

Note: ARIS requires all applications contain complete and accurate information. Any information that is omitted or incorrect on this application may result in a review of the child’s admission to the school.

Has your child ever received any special academic, social or emotional support (i.e. speech, language, psychological)? No /Yes,
if yes, please explain _____

Has your child ever been asked to leave a school? No /Yes,
if yes, please explain _____

Has your child ever been in an English as a Second Language (ESL) or English as an Additional Language (EAL) Program? No /Yes,
if yes, please explain _____

For expatriates: Is this the first time your child has lived outside of his/her home country?
_____No _____Yes

Is there any area that you think your child may need extra support? No/Yes,
if yes, please explain _____

In your previous school, what area(s) did your child excel in and what extra activities were they involved in?



HEALTH SCREENING

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

Please answer the following questions.

1. YES / NO Does your child suffer from **congenital conditions?** (ex. G6PD, Thalassemia, Hemophilia, congenital heart conditions, cystic fibrosis) If yes, please explain: _____
2. YES / NO Does your child have any allergies (ex. Food, insects, medication)? How do these allergies usually present, and how are they usually treated If yes, please explain: _____
3. YES / NO Has your child had any significant injury, accident or major surgery? (specify problem)? If yes, please explain: _____
4. YES / NO Does your child take any medicine (daily or occasionally)? If yes, please list: _____
5. YES / NO Does your child have any limitation on physical activity? If yes, please explain: _____
6. YES / NO Does your child have any problems with vision, hearing, or speech (ex. wear glasses, contact lenses, ear tubes, or hearing aids)? If yes, please explain: _____
7. YES / NO Does your child have any known food or drug allergies? ? If yes, please explain: _____
8. YES / NO Do you authorize one of ARIS senior staff to administer Paracetamol (Panadol/Calpol) to your child in case of sudden onset fever?
9. YES / NO Is there any medication that your child may not receive? ? If yes, please explain: _____
10. YES / NO Would you like to discuss any medical issues with the Administration?

PLEASE NOTE: ALL MEDICATION MUST BE SUBMITTED TO THE NURSE. IT MUST BE IN THE ORIGINAL BOTTLE/PACKAGE WITH PRESCRIPTION FROM DOCTOR.

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.

Parent/Guardian Signature _____ Date _____



Health Physical

To be completed by School Physician Dr. Joanna call for appointment +233 54 646 1868. Fee 150 GHS for ARIS students.

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

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

PHYSICAL EXAMINATION

Height	Weight	Blood Group and Rhesus:
Eyes: Vision with/without specs	Right	Left
Ears: Hearing	Right	Left
Skin:	Mouth:	Nose:
Throat: Lymph Nodes:		
Heart:	Sounds:	Rhythm: Murmurs:
Lungs	Abdomen	Genital
Extremities	Reflexes	Posture

I, at _____ (clinic name)

Certify / do not certify (circle one)

That I have seen the immunization record and all immunizations are up to date.

Doctor’s Signature	Print Name
Date:	

<input type="radio"/> DTP (4) <input type="radio"/> Hepatitis (4) <input type="radio"/> MMR (2) <input type="radio"/> PCU (3)	<input type="radio"/> Rotarix (2) <input type="radio"/> Meningitis ACWY (1-2) <input type="radio"/> Typhoid (1-2) <input type="radio"/> Chicken Pox (2) <input type="radio"/> Hepatitis A (2)
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EMERGENCY TREATMENT

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:	

ARIS has secured a contract with the **West African Rescue Association-WARA** for Health clinic, Medical evacuation and rescue services for its students. WARAs 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.

CONSENT TO INITIAL CARE BY WARAs and EMERGENCY HOSPITAL	
We hereby give our consent for WARAs 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:



CONTRACT OF AGREEMENT

It is vitally important to us at ARIS to facilitate safe, secure and caring environments on both of our campuses and during all school activities. Our campuses and off campus events provide pleasant and stimulating venues where each student has the optimal opportunity to learn and reach his/her respective potential. The following expectations/agreements are presented with the above in mind. Having clear, concise guidelines is consistent with our mission and vision, limits surprises and enhances learning. Your cooperation and encouragement will assist us to provide an exceptional education to your students.

I/We desire to enroll _____ in class _____ academic year _____ as a student at the Al Rayan International School. If this applicant is successful, I/We hereby agree to the following conditions of enrollment:

- I/We agree to accept and support the Mission and Vision of ARIS and be bound by the rules governing ARIS, the authority of the Director and the Board of Directors.
- I/We agree that ARIS reserves the right, following admission, to discontinue the enrollment of a student at any time if it becomes evident that ARIS was misinformed regarding any application documentation or it becomes evident that ARIS does not have the resources to address successfully the individual needs of that student.
- I/We agree that it is my/our obligation to ensure that the fees due are paid on time, regardless of whether a letter from a company or organization is provided clearly accepting its full liability for fee payments.
- I/ We agree to pay all fees as detailed on fee invoices and I/We understand that failure to pay on or before the requested date has consequences, which include the possible exclusion of my child from attending ARIS.
- I/We agree to accept and be bound by the rules governing health and medical requirements for the safety of all students and faculty at ARIS. It is our obligation to ensure that evidence of required medical examinations, along with evidence of required immunizations are provided to ARIS within the stipulated period.
- I/We understand and accept that students may be required to undergo further medical emergency and/or safety precautionary measures during times of disease outbreak, or where medical investigative measures are deemed necessary by school policy or the Director.
- I/We agree that ARIS will initiate emergency measures in the event of an accident or illness with the understanding that I will be notified as soon as possible.



CONTRACT OF AGREEMENT
(continued)

- I/We agree that ARIS may at its discretion, suspend or terminate a student’s enrollment for failure to comply with the conditions of this Agreement, as well as for other serious breaches of ARIS’s code of conduct.
- I/We agree to allow my child, to involve themselves in ARIS’s full educational programmes and activities, including excursions/ field trips.
- I/We agree that my child will participate in all external assessments ARIS utilizes to make individual and school-wide instructional and program decisions.
- I/We agree to subscribe to the communication systems utilized by ARIS for emergency and routine communication and abide by ARIS’s acceptable use policies for technology use.
- **I/We agree that student work, photographs, images and recordings can be used for instructional media and school marketing materials.**
- I/We agree to indemnify and hold harmless ARIS and its directors, management, and staff in respect of any liability arising from school activities.

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