

**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
- 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. 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

**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? _____



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 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:	

<ul style="list-style-type: none"><input type="radio"/> DTP (4)<input type="radio"/> Hepatitis (4)<input type="radio"/> MMR (2)<input type="radio"/> PCU (3)	<ul style="list-style-type: none"><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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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 _____



EMERGENCY TREATMENT FORM

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. 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.

CONSENT TO INITIAL CARE BY WARA and EMERGENCY HOSPITAL	
We hereby give 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).

_____ I understand that all fees, once paid are non-refundable.

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 For enrollment as a student.

Student's name

Class _____ Academic year _____ - _____

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

- He / she understands the refund policies of ARIS. Students withdrawing after the commencement of a semester forfeit the remainder of that semester's fees.
- Parents must provide one full semester advance written notice to the Administration if they intend to withdraw their child. Failure to provide this notice will incur a fine of one semester school fees.
- 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



MEDIA PARENT CONSENT FORM

To comply with the school's e-safety policy, we need your permission to photograph or make video recordings of your daughter/son and to possibly use these files on the school's website, BO website, posters & display materials, and promotional material.

We apply the following rules when using digital images and video clips.

- Children's first names are only to be used in the referred material; that is for protecting their identities while giving them credit for their work.
- No images or videos of the children will ever be uploaded to a public social networking site.

As the parent or legal guardian of the pupil(s) named below, I understand the school has a clear policy on the use of digital images and video and I support this.

I understand that the school will use photographs of my child(ren) and/or include them in video material to support their learning.

I accept that the school may use photographs/video that includes my child(ren) in publicity that reasonably promotes the work of the school, or for teaching materials for use with future pupils, but for no other purpose.

Parent/Guardian signature: _____

Date: ____/____/____