



## St. Mary's Catholic High School, Dubai

(British Curriculum – EDEXCEL)

PO Box: 52232, Dubai, UAE

Tel: +971 43 370252

Email: [maryscol@emirates.net.ae](mailto:maryscol@emirates.net.ae)

Website: [www.stmarysdubai.com](http://www.stmarysdubai.com)

### APPLICATION FORM FOR 'A' LEVEL – 1<sup>ST</sup> Year (St. Mary's Candidates)

Name: .....

Academic Year: .....App. Ref. No.....

Year into which Admission is applied for: .....

Application Submission Date: .....

Please Affix  
a passport  
size  
photograph  
of the candidate

Please complete in BLOCK CAPITALS

Please use one application form for each child

**A****PERSONAL INFORMATION****STUDENT (WRITE ALL THE INFORMATION IN BLOCK CAPITALS)**

(Please provide all information as per your passport only)

First Name: Middle Name: Sur Name:

Nationality: Date of Birth: Gender: M / F

Place of Birth: Country of Birth:

Ethnicity: Religion:

Home Language: Other Languages Spoken:

Passport Number: Emirates Id:

Address in UAE:

PO Box:

Are there other siblings (own brother or sister) studying in SMCHS: (please tick) Yes / No

If yes names of the siblings and their year group:

Sibling Name	Year	Class Teacher

Are the parents separated? (please tick) Yes / No

If yes, Is the student living with (please tick) Father / Mother

**B****ACADEMIC INFORMATION****Previous School Details & SEN(Special Education Needs):**

\*If a student comes from a non British curriculum school, please provide evidence of equivalence. Ex. Letter from education authority, letter from Embassy etc.

(Please tick)

Curriculum Followed: (ex. British, Indian, American, Philippine, Others (specify).....)

Current School Name:

Place: Year/ Grade :

Principal's Name:

Contact Number: Email Id:

How would you best describe yourself in the following area: (please tick )

Independent and Organization Skills:	Need support	Satisfactory	Good
Personal and Social Interactions:	Need support	Satisfactory	Good
General Academic Standards:	Need support	Satisfactory	Good
Extra-Curricular achievements if any:			
Do you have any Special Education Needs (SEN)? (please tick)			
	Need Support	Partially Attention	Not Necessary
Has your been diagnosed as having any of the following? (please tick)			
Learning Disability:	Yes / No	/Attention Deficit Disorder:	Yes / No
Behavioural Problem:	Yes / No	/Physical Disability:	Yes / No
Please provide any further information in relation to circumstances or needs which may affect your child's learning ability? (Ex. Personal, health, etc.)			

### C MEDICAL INFORMATION (Personal Health of Child)

Does the student suffer with any of these following? (please tick)			
Asthma/ Respiratory Problems	Yes / No	/Eyesight Problem	Yes / No
Hearing Problems	Yes / No	/Skin Problem	Yes / No
Hay fever	Yes / No	/Diabetes	Yes / No
Epilepsy	Yes / No	/Other (please give details)	Yes / No
Have you had any surgical procedures?		Yes / No	
Do you have any known allergies and / or dietary requirements?		Yes / No	
If yes to any of the above please provide detailed medical report. (After confirming admission)			

### VACCINATIONS

Tick all that apply and in addition, attach a copy of vaccinations:			
Tuberculosis BCG	Yes / No	Polio	Yes / No
Diphtheria/Tetanus/Pertussis(DTP)	Yes / No	Rabies	Yes / No
Measles/Mumps/Rubella(MMR)	Yes / No	Typhoid	Yes / No

Meningitis Yes / No Hib Yes / No

Chicken Pox Yes / No Hepatitis Yes / No

I/we understand that whilst the school will make all reasonable efforts to contact me/us in case of medical emergency, this is not always possible. Therefore I/we authorise the school to seek medical advice and treatment for our child if the school believes there to be an emergency and I/we hereby undertake to pay all costs incurred by the school.

I/we also hereby authorise/ do not authorise the school to give our child minor medications (ex. crocin tablets) if deemed necessary by the school.

## D FAMILY / LEGAL GUARDIAN'S INFORMATION

### FATHER'S DETAILS

First Name:

Sur Name:

Nationality:

Ethnicity:

Occupation:

Employer Name:

Mobile No:

Office No:

Email:

Residence No:

Passport No:

Emirates Id:

(Please tick if applicable) Widower / Single / Separated

(Please tick)

Educational Qualification: Under Graduate / Graduate / Post Graduate / Professional

Business Person / Self Employed / Others.....

Areas in which you as a parent can contribute towards the enrichment of the school: (please

tick) Cultural / Medical / Academic / Sports / Educational Resources / Media /

Finance / Event Management / Others (specify).....

### MOTHER'S DETAILS

First Name:

Sur Name:

Nationality:

Ethnicity:

Occupation:

Employer Name:

Mobile No:

Office No:

Email:

Residence No:

<b>Passport No:</b>	<b>Emirates Id:</b>	
(Please tick if applicable) <b>Widow</b> / <b>Single</b> / <b>Separated</b>		
(Please tick) <b>Educational Qualification:</b> Under Graduate / Graduate / Post Graduate / Professional		
<b>Business Person / Self Employed / Others.....</b>		
<b>Areas in which you as a parent can contribute towards the enrichment of the school: (please tick) Cultural / Medical / Academic / Sports / Educational Resources / Media / Finance / Event Management / Others (specify).....</b>		
<b>GUARDIAN'S DETAILS</b>		
<b>First Name:</b>	<b>Sur Name:</b>	
<b>Nationality:</b>	<b>Ethnicity:</b>	
<b>Occupation:</b>	<b>Employer Name:</b>	
<b>Mobile No:</b>	<b>Office No:</b>	
<b>Email:</b>	<b>Relationship to Student:</b>	
<b>Passport No:</b>	<b>Emirates Id:</b>	
(Please tick) <b>Educational Qualification:</b> Under Graduate / Graduate / Post Graduate / Professional		
<b>Business Person / Self Employed / Others.....</b>		
<b>Areas in which you as a parent can contribute towards the enrichment of the school: (please tick) Cultural / Medical / Academic / Sports / Educational Resources / Media / Finance / Event Management / Others (specify).....</b>		
<b>COMMUNICATION DETAILS</b>		
<b>Who should receive regular correspondence from the school? (please tick)</b>		
<b>Father</b>	<b>Mother</b>	<b>Guardian</b>
I agree / disagree (please tick) to have our phone number and email details published in the school community phone book and class list.		
I agree / disagree (please tick) to give permission for photograph of my child to be used in SMCHS website or for any school purposes.		
<b>Father</b>	<b>Mother</b>	<b>Guardian</b>

Who is responsible for the payment of the school fees? (please tick)

Company\*

Parents

Guardian

Payment structure will be: (please tick)

Annually

Term wise

School Bus: (please tick)

Required

Not Required

### DECLARATION

I/we hereby certify that the above information provided by me/us is correct and I/we understand that if the information is found to be incorrect, the ward shall be automatically debarred from selection/admission procedure without any correspondence in this regard. I/we also understand that the application, registration/short listing does not guarantee admission to my ward. I/we accept the process of admission undertaken by the school and I/we abide by the decision taken by the school authorities.

Signature Father/Guardian

Signature Mother/Guardian

### INDEMNITY BOND

I agree to my child participating in any educational activities arranged by SMCHS. This includes any field trips. In the event of injury to my child or damage to the property of my child while he or she is participating in such activities, or while on SMCHS premises or being transported to or from the school, I will not hold the school or any member of the school staff responsible. The school undertakes, in the event of an emergency, to make every effort to contact the parents. If this is not possible the child will be taken either to nearest doctor, or to a suitable hospital for treatment.

Please Affix  
A passport  
size  
Photograph  
Of the  
Father

Please Affix  
A passport  
size  
Photograph  
Of the  
Mother

Signature Father

Signature Mother

### FOR OFFICE USE ONLY

Observations & Comments :

SELECTED / NOT SELECTED

ADMITTED / NOT ADMITTED

Verified By

Date:

School Stamp

Principal Signature

## REASON FOR SEEKING ADMISSION IN SMCHS

Dear parents,

St. Mary's Catholic High School, Dubai has limited resources and facilities. Please write below reasons why you are seeking admission for your child in St. Mary's Catholic High School. (maximum of 150 words)

(without this page your application is incomplete)

## E REQUIRED DOCUMENTS

### DOCUMENTS REQUIRED: (ALL PHOTOCOPIES)

1. (2) PHOTOGRAPHS
2. A COPY OF LATEST PASSPORT AND RESIDENCE VISA
3. EMIRATES ID COPY OF STUDENT AND PARENTS

The minimum requirement for application for entry into 'A' Level is:

1. Six subjects in 'O' Levels (including English Language and Mathematics).
2. Students will be approved to take only 4 subjects. We do not offer AS level.
3. Grade 'A\*' or 'A' in subjects chosen for 'A' Level.
4. Students applying for 'A' Level should have A\*,A or B, in the subjects they completed in the 'O' Levels.

APPLICANTS WHO DO NOT SECURE THE REQUIRED GRADES WILL NOT BE CONSIDERED FOR REGISTRATION.

### KINDLY TICK THE SUBJECTS COMPLETED IN 'O'LEVEL

English Language (    ), English Literature (    ), French (    ), Mathematics (    ), Biology (    ), Chemistry (    ), Physics (    ), Accounting (    ), Business Studies (    ), Economics (    ) History (    ), IT (    ), Psychology (    ), Islamic/Bible Studies (    ).

### SUBJECTS OFFERED FOR 'A' LEVEL - PLEASE TICK AS APPROPRIATE IN THE BOXES PROVIDED

MAT PP(Y12) <input type="checkbox"/>	PSY (Y12) <input type="checkbox"/>	CHE (B2 - Y12) <input type="checkbox"/>
CHE (B1 - Y12) <input type="checkbox"/>	MAT PA(B1 - Y12) <input type="checkbox"/>	BUS (Y12) <input type="checkbox"/>
BIO (B1 - Y12) <input type="checkbox"/>	PHY (B1 - Y12) <input type="checkbox"/>	ECO (Y12) <input type="checkbox"/>
MAT PA(B2 - Y12) <input type="checkbox"/>	PHY (B2 - Y12) <input type="checkbox"/>	ACC (Y12) <input type="checkbox"/>
ISL (EN - Y12) <input type="checkbox"/>	ARA (AR- Y12) <input type="checkbox"/>	BIO (B2 - Y12) <input type="checkbox"/>
ISL (AR - Y12) <input type="checkbox"/>	ARA (NA- Y12) <input type="checkbox"/>	

Note:

Candidates are allowed to choose only one subject from each row and If you have any problem kindly approach the office for further information.



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**ACKNOWLEDGEMENT RECEIPT (SCHOOL COPY)**

<b>APPLICATION NO</b>		<b>APPLICATION SUBMITTED DATE</b>	
<b>APPLIED FOR YEAR</b>		<b>GENDER</b>	
<b>CANDIDATE NAME</b>			
<b>SCHOOL STAMP</b>		<b>RECEIVER'S SIGNATURE</b>	

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**ACKNOWLEDGEMENT RECEIPT (CANDIDATE COPY)**

<b>APPLICATION NO</b>		<b>APPLICATION SUBMITTED DATE</b>	
<b>APPLIED FOR YEAR</b>		<b>GENDER</b>	
<b>CANDIDATE NAME</b>			
<b>SCHOOL STAMP</b>		<b>RECEIVER'S SIGNATURE</b>	

**GENERAL INFORMATION FOR STUDENTS APPLYING FOR  
'A' LEVEL FIRST YEAR ADMISSION - 2016/2017**

1. PLEASE NOTE THAT THIS IS ONLY A PROVISIONAL APPLICATION FORM. THE FORM SHOULD BE COMPLETED AND SUBMITTED WITH THE NECESSARY DOCUMENTS BY THURSDAY 12<sup>TH</sup> OF MAY 2016. REGISTRATION FORMS WILL NOT BE ACCEPTED AFTER THIS DATE.
2. AS COMPETITION FOR PLACES IS VERY STIFF, STUDENTS WITH HIGHER GRADES, WHO HAVE SHOWN A POSITIVE APPROACH TO STUDIES AND WHOSE CONDUCT HAS BEEN GOOD, WILL BE GIVEN PRIORITY.
3. INTERVIEWS WILL TAKE PLACE ON THURSDAY 25<sup>TH</sup> OF AUGUST, 2016.
4. STUDENTS WHO PLAN TO HAVE EXAMS OUTSIDE THE SCHOOL (E.G. SATS AND TOEFL) SHOULD NOT SCHEDULE THESE EXAMS IN JANUARY OR IN MAY/JUNE, DUE TO OUR SCHOOL EXAMS.
5. ONCE REGISTERED, NO PERMISSION WILL BE GRANTED TO ANY STUDENT TO SIT ANY BOARD EXAMINATIONS AT OTHER CENTERS, SUCH AS THE BRITISH COUNCIL. THE SCHOOL ADMINISTRATION WILL NOT ISSUE ANY 'NO OBJECTION' LETTERS FOR THIS PURPOSE.
6. CANDIDATES MUST COLLECT THEIR STATEMENT OF MARKS ON THE 25<sup>TH</sup> OF AUGUST, 2016 IN THE MORNING AND HAVE IT WITH THEM AT THE TIME OF THE INTERVIEW. AN INTERVIEW LIST WILL BE POSTED IN THE SCHOOL WEBSITE AND YOU MUST COLLECT THE RESULTS ACCORDING TO THE LIST.

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**PLEASE RETAIN THIS PAGE AND SUBMIT ONLY PAGE 1 to 9 BY THURSDAY 12<sup>TH</sup> OF MAY 2016**

Name: \_\_\_\_\_ Application No. \_\_\_\_\_