

St. Mary's Catholic High School, Dubai

(British Curriculum – PEARSON EDEXCEL)

PO Box: 52232, Dubai, UAE

Tel: +971 43 370252

Email: maryscol@emirates.net.ae Website: www.stmarysdubai.com

COMMON APPLICATION FORM YEAR ONE TO TEN

Name:
Academic Year:App. Ref. No
Year into which Admission is applied for:
Application Submission Date:

Please Affix a passport photograph of the child

Please complete in **BLOCK CAPITALS**Please use one application form for each child

PERSONAL INFORMATION Α **STUDENT** (WRITE ALL THE INFORMATION IN BLOCK CAPITALS) ease provide all information as per your passport only **First Name:** Middle Name: Sur Name: Date of Birth: Gender: M / F Place of Birth: Country of Birth: **Nationality:** Religion: **Home Language:** Other Language Spoken: **Passport Number:** Emirates Id: Address in UAE: PO Box: Are there other siblings studying in SMCHS: (please tick) Yes No If yes names of the siblings and their grades: **Sibling Name Year and Section ACADEMIC INFORMATION** B **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, Canadian, Philippine, Others **Current School Name:** Place: Year/ Grade: **Principal's Name: Contact Number: Email Id:** (Please tick) Is the person making the application the parent or legal guardian? **Parent / Guardian** Number 1: **Emergency contact Name 1: Emergency contact Name 2:** Number 2: **2** | Page

How would you best describe you	ur child in t	he following area	(please tick)	
Independent and Organization Sk	xills:	Needs support	Satisfactory	Good
Personal and Social Interactions:		Needs support	Satisfactory	Good
General Academic Standards:		Needs support	Satisfactory	Good
Extra-Curricular achievements if a	any:			
Does your child have Special Educ	cation Need	ds (SEN)? (please t	tick)	
Need Supp	oort	Partially A	Attention	Not Necessary
Has your child ever been diagnos		g any of the follow	wing? (please tick)	•
Learning Disability: Yes	/ No	/Attention	Deficit Disorder:	Yes / No
Behavioural Problem: Yes	/ No	/Physical D	isability:	Yes / No
Please provide any further inform	nation in re	lation to circumst	ances or needs whic	h may affect your
child's learning ability? (Ex. Perso	nal, health	, etc.)		
C MEDICAL	. INFO	RMATION (Personal Healt	h of Child)
Does your child suffer with any or	f these follo	owing? (please tic	k)	
Asthma/ Respiratory Problems	Yes / N	lo /Eyes	ight Problem	Yes / No
Hearing Problems	-		Problem	Yes / No
Hay fever	Yes /	No /Dia	betes	Yes / No
Epilepsy	Yes /	No /Oth	er (please give deta	ils) Yes / No
Has your child had any surgical pr	ocedures?	Yes /	No No	
Does your child have any known	allergies an	nd / or dietary req	uirements?	es / No
If yes to any of the above please	provide de	tailed medical rep	ort.	
VACCINATIONS				
Tick all that apply and in addition	, attach a c	opy of vaccination	ns:	
Tuberculosis BCG		Yes / No	Polio Yes	/ No
3 Page				

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 authorize 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 authorize/ do not authorize the school to give our child minor medications (ex. crocin tablets) if deemed necessary by the school.

D PARENT OR LEGAL GUARDIAN'S INFORMATION

FATHER DETAILS	
Plant Nie aus	C. Alleren
First Name:	Sur Name:
Occupation:	Employer Name:
Mobile:	Office No:
Email:	Residence No:
Passport No:	Emirates Id:
(Please tick)	
Educational Qualification: Under Graduate / Gra	duate / Post Graduate / Professional
Business Person / Self Employed / Others	
Areas in which you can contribute towards the enric	hment of the school: (please tick)
Cultural / Medical / Academic / Sports / Edu	ucational Resources / Media /
Others	
MOTHER DETAILS	
First Name:	Sur Name:
Occupation:	Employer Name:
	P77
Mobile:	Office No:
Email:	Residence No:
4 Page	

Passport No:	Emirate Id:
(Please tick)	
Educational Qualification: Under Graduate / Gra	aduate / Post Graduate / Professional
Business Person / Self Employed / Others	
Areas in which you can contribute towards the enric	hment of the school: (please tick)
Cultural / Medical / Academic / Sports / Edu	ucational Resources / Media /
Others	
GUARDIAN DETAILS	
First Name:	Sur Name:
Occupation:	Employer Name:
Mobile:	Office No:
Mobile:	Office No:
Email:	Relationship to Student:
	·
Passport No:	Emirates Id:
(Please tick)	
Educational Qualification: Under Graduate / Gra	nduate / Post Graduate / Professional
Business Person / Self Employed / Others	
Areas in which you can contribute towards the enric	
, a cao in annon , o a can continua co continua con continua co	(production)
Cultural / Medical / Academic / Sports / Edu	ucational Resources / Media /
Others	
COMMUNICATION DETAILS	
Who should receive regular correspondence from th	e school? (please tick)
Father Mother	Guardian
Father Mother	Guardian
I agree / disagree (please tick) to have our phone nu	mber and email details published in the school
community phone book and class list.	
Father Mother	Guardian
Who is responsible for the payment of the school fe	es? (please tick)
Company* Parents	Guardian
Payment structure will be: (please tick) Ar	nnually Term wise
The state of the s	,
School Bus: (please tick) Required	Not Required
5 Page	

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.

I give permission for photograph of my child to be used in SMCHS website for any school reason.

Please Affix A passport Photograph Of the Father Please Affix A passport Photograph Of the Mother

Signature Father

Signature Mother

FOR OFFICE USE ONLY

Observations & Comments:

Admission Result: SELECTED / NOT SELECTED

Verified By Principal's Signature

Date: School Stamp

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, Dubai. (maximum of 150 words)
(without this page your application is incomplete)
7 Page

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Email: maryscol@emirates.net.ae, Website: www.stmarysdubai.com

ACKNOWLEDGEMENT RECEIPT (SCHOOL COPY)

	APPLICATION SUBMISSION DATE	
	GENDER	
ANDIDATE NAME		
STAMP	PARENT	S' SIGNATURE
	ANDIDATE NAME	GENDER ANDIDATE NAME

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ACKNOWLEDGEMENT RECEIPT (CANDIDATE COPY)

		•	•
APPLICATION NO		APPLICATION SUBMISSION DATE	
APPLIED FOR YEAR		GENDER	
CA	ANDIDATE NAME		
SCHOOL	. STAMP	RECEIVER	R'S SIGNATURE

REQUIRED DOCUMENTS AND TRANSFER CERIFICATE

Students seeking admission in Year 1 must have completed 5 years of age on 31st of December 2018.

Before a child can be accepted by any school in Dubai, it is the parent's responsibility to provide a Transfer Certificate (TC) from the child's previous school, as required by KHDA. If a Transfer Certificate is not provided, it will not be legally possible to register a child at a school or with KHDA. TCs are required for all students joining from another school. Special rules apply depending where this school is located:

Leaving Certificate for students transferring from outside the UAE

For students coming from countries other than the USA, UK, Australia, New Zealand, Canada and Western Europe, this Leaving Certificate must be attested by:

- the Ministry of Education or its equivalent from the country of Leaving Certificate origin
- the Ministry of Foreign Affairs in the country where the Leaving Certificate was issued
- the UAE Embassy in the country of Leaving Certificate origin

The certificate must be in English or Arabic and printed on the previous school's original letterhead. It must be **signed** by the Principal and **stamped** with the school's official stamp.

TC required for students transferring from a school in Dubai

It is an online transfer; parent must place a request with the previous school to transfer the student to St. Mary's Catholic High School, Dubai.

TC required for students from elsewhere in the UAE

This will be an original Leaving Certificate, in the standard UAE format, in Arabic or English, signed and stamped by the previous school and attested by the respective Education Zone in that Emirate.

School Reports

A copy of the latest school report must be submitted to SMCHS, clearly stating the Year/Grade the student is currently attending or has completed.

Additional Documents

1. Copies of the child's birth certificate in **English** or **Arabic.**

Please note: if the original birth certificate is in any other language, it must be legally translated by an officially recognized translating service into English or Arabic.

- 2. Copies of student's passport and Emirates ID card.
- 3. Copies of parent/legal guardian's passport and Emirates ID card.
- 4. Recent passport sized photos (4 copies).
- 5. A copy of the student's vaccination card and medical record.
- 6. Copies of residence visa for non-UAE nationals.
- 7. Baptismal Certificate (For Christians Only).





Year: 2018-19 School: St. Mary Catholic High School-Dubai Permit No.: 20147 Permit Expiry:

	details			Relat
Student				Links
name arabic *				No records
Student				display
name				and and
english *				
Emirates				
ID	ex: 786198611123456			
Religion *	Select	Nationality *	Select	
		Native		
Gender *	Male Female	arabic	○ Yes ○ No	
Date of		speaking Country of		
birth *		birth	Select	
Mobile		Place of		
riodiic	ex: Labe971-50-1234567	birth		
Email		P O box		
Cition				
Student ID		Remarks		
Student				
Student	etails Class details Specia			
Student ID	etails Class details Special need Behavioural, social,	Remarks al needs		
Student ID	-deld	Remarks al needs		
Student ID	ecial need Behavioural, social,	Remarks al needs		
Student ID	ecial need Behavioural, social, Sensory	Remarks al needs emotional	ility	
Student ID	ecial need Behavioural, social, Sensory Physical Disability	Remarks al needs emotional	ility	
Student ID	ecial need Behavioural, social, Sensory Physical Disability Medical conditions o	Remarks al needs emotional or health related disab	ility	
Student ID	Behavioural, social, Sensory Physical Disability Medical conditions o	Remarks al needs emotional or health related disable ge Disorders interaction		
Student ID	Behavioural, social, Sensory Physical Disability Medical conditions o Speech and Languag Communication and	Remarks al needs emotional or health related disable ge Disorders interaction Learning Difficulty (Sp		
Student ID	Behavioural, social, Sensory Physical Disability Medical conditions of Speech and Language Communication and Learning – Specific L	Remarks al needs emotional or health related disable ge Disorders interaction Learning Difficulty (Sp.		
Student ID	Behavioural, social, Sensory Physical Disability Medical conditions of Speech and Language Communication and Learning - Specific Learning - General Learning	Remarks al needs emotional or health related disable ge Disorders interaction Learning Difficulty (Sp. Learning Difficulty 1 Learning Difficulty 2	oLD)	
Student ID	Behavioural, social, Sensory Physical Disability Medical conditions of Speech and Language Communication and Learning – Specific Learning - General Learning - Genera	Remarks al needs emotional or health related disable ge Disorders interaction Learning Difficulty (Sp. Learning Difficulty 1 Learning Difficulty 2	oLD)	