

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

(British Curriculum – EDEXCEL)
PO Box: 52232, Dubai, UAE
Tel: +971 43 370252

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

## APPLICATION FORM FOR YEAR 12 (Only for St. Mary's Candidates)

Name:	
Academic Year:App. Ref. No.	
Year into which Admission is applied for:	SEP 2018 – SEP 2020
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 yo					
First Name:	Middle	Name:			Sur Name:
Nationality:	Date of B	irth:		Gender:	M / F
		_			
Place of Birth:		Country of Bir	rth:		
Ethnicity:		Religion:			
		- Grann	ingion.		
Home Language:		Other Langua	ges Spoken:		
Barra d Marshar		e otoro da			
Passport Number: Address in UAE:		Emirates Id:			
Address in OAL.					
				PO Box:	
Are there other siblings (own brother or		dying in SMCH	S: (please tick)	Yes /	No
If yes names of the siblings and their year Sibling Name	r group:	Year	Class Teacher		
Sibiling Name		Teal	Class Teacher		
		/ N			
Are the parents separated? (please tick)	Yes /	No No			
If yes , Is the student living with (please t	tick)	Father /	Mother		
		NFORMA1			
School Details & SEN(Special Educa			11014		
School Details & Sch(Special Educa	ition Nee	eus):			
Independent and Organization Skills:	Need	support	Satisfactory	Go	od
		••	,		
Personal and Social Interactions:	Need	d support	Satisfactory	G	ood
Consul Assidancia Standarda	Nico	al accordant	Catiafaatama		d
General Academic Standards:  Extra-Curricular achievements if any:	Nee	d support	Satisfactory	G	ood
Extra-curricular acinevements if any.					

Do you have any Special Education Needs (SEN)? (please tick) **Need Support 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: Please provide any further information in relation to circumstances or needs which may affect your child's learning ability? (Ex. Personal, health, etc.) MEDICAL INFORMATION (Personal Health of Child) C Does the student suffer with any of these following? (please tick) Asthma/ Respiratory Problems Yes / No /Eyesight Problem Yes / **Hearing Problems** /Skin Problem Yes / No Yes / No Yes / No Hay fever /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** Polio Yes / No Yes / Diphtheria/Tetanus/Pertussis(DTP) Yes / No Rabies Yes / No Measles/Mumps/Rubella(MMR) Yes / No Typhoid Yes / 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.

## FAMILY / LEGAL GUARDIAN'S INFORMATION D **FATHER'S DETAILS** First Name: Sur Name: **Ethnicity: Nationality:** Occupation: **Employer Name:** Office No: Mobile 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: Passport No: Emirates Id:** (Please tick if applicable) Widow / 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)...... 4 | Page

GUARDIAN'S DETAILS	1		
First Name:	Sur Name:		
Nationality:	Ethnicity:		
Occupation:	Employer Name:		
Mobile No:	Office No:		
Email:	Relationship to Student:		
Passport No:	Emirates Id:		
(Please tick)	<u></u>		
Educational Qualification: Under Graduate / Graduate / Post Graduate / Professional			
Business Person / Self Employed / Others  Areas in which you as a parent can contribute towar			
tick) Cultural / Medical / Academic / Sports	/ Educational Resources / Media /		
Finance / Event Management / Others (specify	<i>'</i> )		
COMMUNICATION DETAILS			
Who should receive regular correspondence from the	ne school? (please tick)		
who should receive regular correspondence from the school: (please tick)			
Father Mother	Guardian		
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.			
community phone book and class list.  I agree / disagree (please tick) to give permission fo SMCHS website or for any school purposes.	or photograph of my child to be used in		
community phone book and class list.  I agree / disagree (please tick) to give permission fo SMCHS website or for any school purposes.  Father Mother	or photograph of my child to be used in  Guardian		
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community phone book and class list.  I agree / disagree (please tick) to give permission for SMCHS website or for any school purposes.  Father Mother  Who is responsible for the payment of the school fe	Guardian es? (please tick)		
community phone book and class list.  I agree / disagree (please tick) to give permission fo SMCHS website or for any school purposes.  Father Mother	or photograph of my child to be used in  Guardian		
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#### **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

Please Affix

A passport

size

**Photograph** 

Of the

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)				
<b>7  </b> Page				

#### **REQUIRED DOCUMENTS** E **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 YEAR 12 is: 1. Six subjects in YEAR 11 (including English Language and Mathematics). 2. Students will be approved to take only 4 subjects. We offer AS level only for English Literature. 3. Grade 'A\*', 'A' or 'B' in subjects chosen for YEAR 12 and a 7,8 or 9 in the new GCSE 9 to 1 Math. 4. Students applying for YEAR 12 should have A\*,A or B, in all the subjects they have Completed in **YEAR 11.** 5. Hold a minimum attendance record of 95%. APPLICANTS WHO DO NOT SECURE THE REQUIRED GRADES WILL NOT BE CONSIDERED FOR REGISTRATION. KINDLY TICK THE SUBJECTS COMPLETED IN YEAR 11 English Language ( ), English Literature ( ), French ( ), Mathematics ( ), Biology ( ), Chemistry ( ), Physics ( ), Accounting ( ), Business Studies ( ), Economics ( History ( ), IT ( ), Psychology ( ), Islamic/Bible Studies ( ). SUBJECTS OFFERED FOR YEAR 12 - PLEASE TICK AS APPROPRIATE IN THE BOXES PROVIDED **PSYCHOLOGY MATH CHEMISTRY** (B3-Y12) (Y12) (B2-Y12) **CHEMISTRY** MATH **BUSINESS** (B1-Y12) (Y12)(B1-Y12) **BIOLOGY PHYSICS ECONOMICS** (B1-Y12) (B1-Y12) (Y12) **PHYSICS ACCOUNTS** MATH (B2-Y12) (B2-Y12) (Y12) **English Literature ARABIC ARABIC BIOLOGY** (B2 - Y12) IAS (One Year (NA- Y12) (A- Y12) **Programme**) **ISLAMIC ISL AMIC** (A - Y12) (E - Y12)

#### 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)

			<u> </u>
APPLICATION NO		APPLICATION SUBMITTED DATE	
APPLIED FOR YEAR		GENDER	
CANDIDATE NAME			
SCHOOL STAMP		RECEIN	/ER'S SIGNATURE

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APPLICATION NO		APPLICATION SUBMITTED DATE	
APPLIED FOR YEAR		GENDER	
CA	ANDIDATE NAME		
SCHOOL	. STAMP	RECEIN	/ER'S SIGNATURE

# GENERAL INFORMATION FOR STUDENTS APPLYING FOR YEAR 12 ADMISSION - 2018/2020

- 1. PLEASE NOTE THAT THIS IS ONLY A PROVISIONAL APPLICATION FORM. THE FORM SHOULD BE COMPLETED AND SUBMITTED WITH THE NECESSARY DOCUMENTS BY MONDAY 16<sup>th</sup> OF APRIL 2018. REGISTRATION FORMS WILL NOT BE ACCEPTED AFTER THIS DATE.
- 2. THE COMPETITIVE NATURE OF THE PROCESS WILL MEAN THAT, WHO HAVE SHOWN A POSITIVE APPROACH TO STUDIES AND WHOSE CONDUCT HAS BEEN GOOD, WILL BE GIVEN PRIORITY.
- 3. INTERVIEWS WILL TAKE PLACE ON SATURDAY 25<sup>th</sup> OF AUGUST, 2018.
- 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 23<sup>rd</sup> OF AUGUST 2018, AND HAVE IT WITH THEM AT THE TIME OF THE INTERVIEW. AN INTERVIEW LIST WILL BE POSTED ON THE SCHOOL WEBSITE AND YOU MUST COLLECT THE RESULTS ACCORDING TO THE LIST.
- 7. A LAPTOP IS MANDATORY FOR THE STUDENTS WHO CHOOSE SCIENCE GROUP.

8.	KINDLY CHECK THE SCHOOL WEBSITE ON 22'	<sup>10</sup> AUGUST 2018, FOR ANY CHANGES V	VITH THE DATES.
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			_

PLEASE RETAIN THIS PAGE AND SUBMIT ONLY PAGE 1 to 9 BY MONDAY 16<sup>th</sup> OF APRIL 2018

Name: \_\_\_\_\_\_Application No. \_\_\_\_\_