



INTERNATIONAL COMMUNITY SCHOOL

Photo

## Registration Form for all New Pupils at the ICS

(Please use capital letters in pen)

Class to be Offered (Office use only)

### Name Of Child

Family Name:	First Name:	Middle Name:
Date of Birth (DD/MM/YY):	Place in Family:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Nationality:	First Language:	Religion:
Passport Number:	National Number (Jordanian Citizens Only):	

Parents' Name & Title (Dr. Mr/s. etc.)

Family Name	First Name	Nationality
Father:		
Mother:		
Occupation	Name of Company	Office Tel No.
Father:		
Mother:		
(If Both Are Applicable)		
Home Telephone Number: (Please Underline Main Contact Number)	Mobile Number:	
E-Mail Address:		
P.O. Box Number:	Amman Code:	

## Educational Background

Name(s) of Previous Schools	City/Country	Dates	Language of Instruction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has he/she learnt to speak English  At School  At Home

For how many years? \_\_\_\_\_

Please give an indication of his/her level of English usage by ticking as appropriate\*

- (a) Speaks none at all
- (b) Uses a few basic words
- (c) Speaks in sentences and reads basic English
- (d) Fluent
- (e) Can read and write English as for age
- (f) Does your child have any Special Educational Needs?

Please give us full information about any special learning needs so that an appropriate assessment may be made. Please attach any relevant reports.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* This information is solely to help us place your child in the correct English language group. It will not affect the decision as to whether or not a place is offered.

Desired Date of Admission to the ICS:

Anticipated Length of Stay at the ICS:

I have read the "undertaking" attached and agree to abide by it.

I understand that all classes at the ICS will be mixed gender and taught entirely in the medium of English with the exception of Arabic and European languages.

Signature of Parent:	Date:
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\* When registering your child kindly bring valid passport into school.

For Office Use Only:

Date Registration Fee Paid	Checklist:
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Class Teacher \_\_\_\_\_ EFL (If Necessary) \_\_\_\_\_ School Nurse \_\_\_\_\_

# Medical Record

It is essential that this information is completed fully and returned to the school nurse before your child starts in the school.

## Personal Information:

Name:

Date of Birth:

Nationality:

Home telephone:

Mobile telephone:

Emergency contact telephone numbers other than home or work

1. \_\_\_\_\_

2. \_\_\_\_\_

Name of doctor:

Tel. No:

Name of dentist:

Tel. No:

## Immunisations

Your child's vaccination book is requested as an important and valuable document. A photocopy will be taken and the book returned to you immediately.

It cannot be stressed enough to remind parents to keep their child's vaccinations up to date and to remember to up-grade the school medical file each time a new vaccine has been administered.

If your child is absent from school due to health reasons please send a note to the nurse with an explanation.

An absence of more than three consecutive days requires a doctor's certificate.

## Medical History:

Does your child have a history of, or suffer from, any of the following:

	Yes	No
Asthma		
Diabetes		
Heart Disease		
Epilepsy		
Otitis Media		
Allergies		
Hearing Defects		
Speech Defects		
Vision Defects		
Surgical Operations		
Childhood Diseases		
Chickenpox		
Measles		
Mumps		
Rubella		

Does your child have any congenital malformation ?  Yes /  No

Is your child on regular medication ?  Yes /  No

If yes, please state: \_\_\_\_\_

The school nurse is equipped with basic medications, i.e. cough mixture, panadol, plasters, antiseptic creams, etc.

Are there any of these you do not wish to be given to your child ? \_\_\_\_\_

Is your child allergic to any medication ?  Yes /  No

If yes, please state: \_\_\_\_\_

Please note that in the case of absolute emergency where urgent treatment is of the essence, it is the school policy that the school nurse or doctor would take your child to the nearest hospital while the school contacts you.

\*Regular general health inspections are made at the school by the school doctor, as well as:

Head inspections; eyesight tests and weight and height carried out by our school nurse.

By signing you agree to regular health checks.

Signature of parent or guardian:	Date:
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