

## Student Information

Date: \_\_\_\_\_

Application for school year \_\_\_\_\_ Entry Grade Level Expected \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender Male Female

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Religion \_\_\_\_\_

Nationality as in passport \_\_\_\_\_

First Language \_\_\_\_\_

Second Language \_\_\_\_\_

**Parent/Guardian information**

Father's name \_\_\_\_\_

Nationality \_\_\_\_\_

Profession/Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business phone \_\_\_\_\_

Home phone \_\_\_\_\_ - \_\_\_\_\_

Mobile \_\_\_\_\_

Email address \_\_\_\_\_

Local Home address \_\_\_\_\_

Mailing address \_\_\_\_\_

Mother's name \_\_\_\_\_

Nationality \_\_\_\_\_

Profession/Occupation \_\_\_\_\_

Employer \_\_\_\_\_

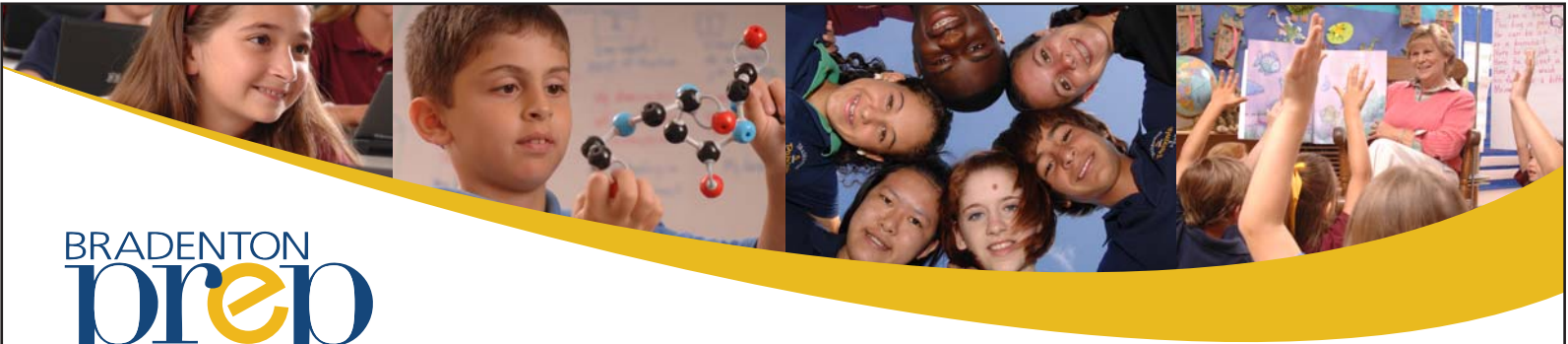
Business phone \_\_\_\_\_

Home phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email address \_\_\_\_\_

Local Home address \_\_\_\_\_



**Brothers and Sisters**

	<b>Name</b>	<b>School</b>	<b>Age</b>	<b>Grade</b>
1				
2				
3				
4				

**Previous School History**

	<b>Name of the School</b>	<b>Grade</b>	<b>City/Country</b>
1.	_____		
2.	_____		
3.	_____		
4.	_____		

**Describe your child as a student:**

I. Has your child received any kind of learning or behavior support and/or experienced any difficulties? Yes No

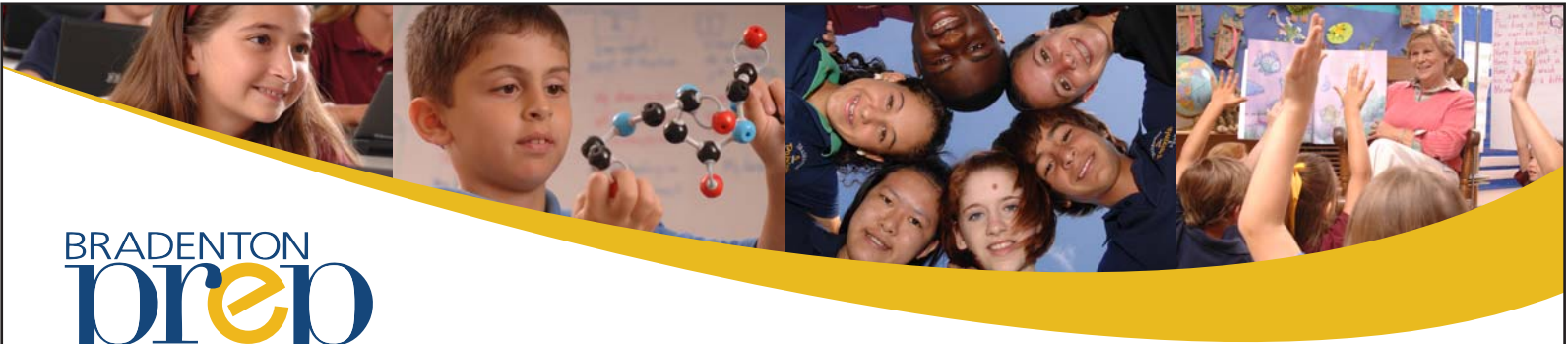
\_\_\_\_\_

II. Does your child have any special physical, emotional, psychological, or language needs?

\_\_\_\_\_

III. Has your child ever repeated a grade?

\_\_\_\_\_



IV. Please indicate if your child will be participating in any special sports programs?

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V. Has the child ever been expelled from the previous schools?

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**Medical Information**

1. Has your child any allergies?

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2. Does your child take any medications?

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3. Does your child suffer from any illnesses or conditions?

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*Note*

- All information indicated on the Application for Admission Form is to be true and correct, with no false statement or misrepresentation.
- I waive my right of access to confidential information in my child's admission file. I also understand that any misleading and/or false information pertaining to any aspect of a student's application may warrant a review of the file prior to or after the student's enrollment at Bradenton Prep. If a student is accepted and enrolled, parents and guardians agree to abide by all financial, academic and disciplinary policies of the school.
- If children have any symptoms of infectious diseases, run a fever or have diarrhea while at School, parents will be expected to pick them up as soon as possible.
- From time to time, the School will take pictures for school publications like School newsletters website etc  
 Please advise the Admission Office in writing if you do not wish your child to appear in any media.
- The school will not be responsible for any rejections in entry by the authorities like the Ministry of Education if required.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*For official use only*

Accepted in Grade
Student ID
Comments
Actual Entry Date

## **Admission**

The signed Admission forms do oblige the school to accept your child. However, once you have been notified of your child's placement decision and the registration and relevant term fees have been paid, a contract is deemed to exist between the school and the parents/guardians, provided that the conditions outlined in the school prospectus and the school regulations are observed.

The school reserves the right to place your child in the Grade level deemed to be the most appropriate, within the bounds of the Ministry of Education.

### **Grade entries classified in age groups**

Grade	Age (by 31 <sup>st</sup> August for the school year commencing August)
KG1	4 years
KG2	5 years
Grade 1	6 years
Grade 2	7 years
Grade 3	8 years
Grade 4	9 years
Grade 5	10 years
Grade 6	11 years
Grade 7	12 years
Grade 8	13 years
Grade 9	14 years



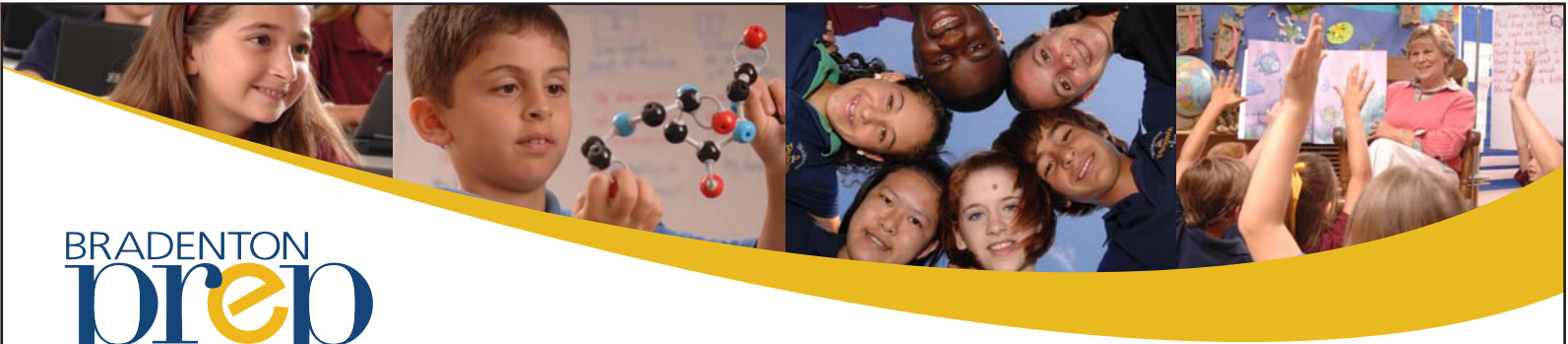
**These fees are subject to approval by KHDA**

**School Fees**

Registration Fee	AED 500 non refundable
Admission Fee	AED 2,000 non refundable if student does not attend. Otherwise it will be deducted from the third installment of tuition.
Caution Fee	AED 1,500 refundable (see fee notes)
Medical Fee	AED 500 non refundable

**Tuition Fees will be paid in Dirham:**

	<b>Full Payment (AED)</b>	<b>Installment 1 (AED)</b>	<b>Installment 2 (AED)</b>	<b>Installment 3 (AED)</b>
		Payable on admission	Payable 1 <sup>st</sup> day of the 2 <sup>nd</sup> term	Payable 1 <sup>st</sup> day of the 3 <sup>rd</sup> term
<b>KG 1</b>	30,000	10,000	10,000	10,000
<b>KG 2</b>	47,490	15,830	15,830	15,830
<b>Grade 1-6</b>	62,590	20,865	20,865	20,865
<b>Grade 7-8</b>	67,590	22,530	22,530	22,530
<b>Grade 9-12</b>	70,790	23,597	23,597	23,507



**Notes:**

1. All school fees include textbooks.
2. School fees exclude laptops for students from Grade 6, which will be required at school. School fees exclude transport, uniforms and meals.
3. For families who enrolling 2 or more children, the second and subsequent siblings will be entitled to a sibling discount(5% for the second child, 8% for the subsequent children), deducted proportionately off the term fees
4. Tuition Fee for the 1st installment and the Caution Deposit are payable within (7) days of the letter of Admission from the School.
5. Tuition fees for the 2nd and 3rd are to be paid in the form of post dated checks as per Admission requirements.
6. Tuition fee for the entire term has to be paid for any school term the student has attended.
7. For students leaving school, one (1) full term prior notice in writing must be received by the school. Failing this, a full term tuition fee will be charged in lieu of notice.
8. Full year tuition fee will be payable when a place is reserved from the start of the academic year.
9. Tuition fee refund policy for full refund of the tuition fee will only be made if prior notice has given in writing and received by the school by the 30th of June 2009. Admission/Assessments Fee, Registration Fee and Medical Fee are not refundable under any circumstances.
10. Caution Deposit is refundable only upon the student withdrawing/graduating from the school. Deduction(s) from the Caution Deposit will be made for any amounts owed to the school, including cost of damages caused to the school, its property, books or its equipment.
11. The school reserves the rights to refuse attendance of the student if the required fees are not paid by due date.
12. The school reserves the right to add, modify and/or amend the above terms from time to time at its absolute discretion.
13. Please indicate whether the fees are payable personally or by your company. If fees are payable by your company, please fill in the company in name of company below.

Name of the Company \_\_\_\_\_

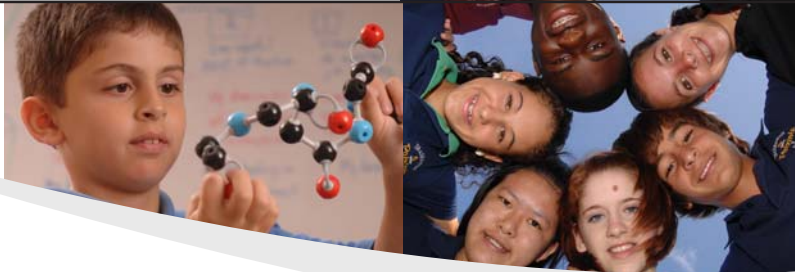
*Declaration by Parent / Guardian*

*I have read and understood and agree to the above fee structure and the terms and conditions. I understand that this document is part of the admission documentation required for the admission to the Bradenton Preparatory Academy and for the Statutory Registration with the Ministry of education/ Dubai Knowledge and Human Development Authority or their respective successor(s). This form must be completed and signed before the student can be admitted.*

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of the Parent/ Guardian



Student's Full Name \_\_\_\_\_

Gender     Male    Female

Grade Enrolled \_\_\_\_\_ Passport Number \_\_\_\_\_

<b>Health history</b>	<b>Yes</b>	<b>No</b>
Asthma		
Bone/Joint Injury		
Chronic Illnesses		
Concussion		
Convulsion/Fits		
Dental caps/bridges/Braces		
Dizziness/fainting/Headaches		
Heat exhaustion/Stroke		
Hernias/GI problem		
Hospitalizations		
Incomplete/Missing Organs		
Heart Problem/Murmurs		
Skin Problems		
Sprain/Dislocation		
Surgery		
TB/PPD		
Wears Glasses/Contacts		

Allergies

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If use of medication, please state which purpose and dosage

\_\_\_\_\_

\_\_\_\_\_



**Immunization History**

Immunization	Date given	Date given	Date given	Date given	Date given
BCG					
Chicken Pox					
Diphtheria					
Hepatitis A					
Hepatitis B					
Measles					
Mumps					
Pertussis					
Polio					
Rubella					
Tetanus					
Typhoid					

**Family's Physician**

Physician's Name \_\_\_\_\_ Clinic \_\_\_\_\_

Address \_\_\_\_\_ Clinic's Contact No. \_\_\_\_\_

**In the event of an emergency**

I hereby authorize the school to send my child to the nearest medical facility. I also understand that it is my responsibility to inform the school nurse in writing of any changes in my child's medical conditions. This form must be completed and signed before the student can be admitted to the school.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of the Parent/Guardian

\_\_\_\_\_  
 Name Parent/Guardian