

# EtonHouse®

## International Pre-School

### Bahrain

### APPLICATION FORM

#### STUDENT DETAILS

|                                      |                               |   |
|--------------------------------------|-------------------------------|---|
| Surname/Family Name:                 | First Name:                   | Middle Name:  |
| Date of Birth (DD/MM/YY):            | Age:<br><br>Years      Months | MALE/FEMALE:  |
| Nationality (According to Passport): | Country of Birth:             | Passport Number:<br>Date Issued:<br>Date of Expiry: |
| Home Address:                        | CPR Number:                   | Desired date of Admission:                          |

Present School or Last School Attended:

Name and Address:

Year Group:

Phone Number:

Email:

Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_

Siblings:

| Name | D.O. B | Current School | Applying for EtonHouse |    |
|------|--------|----------------|------------------------|----|
|      |        |                | Yes                    | No |
|      |        |                | Yes                    | No |
|      |        |                | Yes                    | No |

| Mother/Guardian 1                    | Father/Guardian 2                    |
|--------------------------------------|--------------------------------------|
| Relationship to Child:               | Relationship to Child:               |
| Complete Name:                       | Complete Name                        |
| CPR/ Passport Number:                | CPR/ Passport Number:                |
| Nationality (According to Passport): | Nationality (According to Passport): |
| Occupation:                          | Occupation                           |
| Mobile Number:                       | Mobile Number:                       |
| Email Address:                       | Email Address:                       |
| Employer Name/Company:               | Employer Name/Company                |

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#### Student Medical History

**Medical information noted will be made available to EtonHouse teachers and staff. It is treated with confidence.**

#### Does your child have any of the following?

|                                |     |    |                    |     |    |
|--------------------------------|-----|----|--------------------|-----|----|
| Allergies (food, meds, insect) | Yes | No | Frequent Headaches | Yes | No |
| Asthma                         | Yes | No | Hearing Problems   | Yes | No |
| Diabetes                       | Yes | No | Heart Disorder     | Yes | No |
| Epilepsy/Seizure Disorder      | Yes | No | Hepatitis A/B/C    | Yes | No |
| Anxiety Disorder               | Yes | No | Scoliosis          | Yes | No |
| Chicken Pox                    | Yes | No | Skin Problem       | Yes | No |
| Gastrointestinal Disorder      | Yes | No | Vision Problems    | Yes | No |
| Frequent Nosebleeds            | Yes | No | Other illness      | Yes | No |

1. If you have answered yes to any of the above or your child has any additional medical concerns, please explain in detail:

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2. Has your child had any major operations? Yes \_\_\_\_ No \_\_\_\_  
If yes, please give more details (type & date):

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3. Does your child need to use any kind of medical device- inhaler, EpiPen etc? Yes \_\_\_\_ No \_\_\_\_  
(This will require a backup to be stored with the EtonHouse Nurse)

If you have ticked YES, please give more details: \_\_\_\_\_

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4. Does your child take regular medication? Yes \_\_\_\_ No \_\_\_\_

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5. Please note your Child's blood type (if known) \_\_\_\_\_

#### **EMERGENCY CONTACT**

In case of an accident/illness and both parents cannot be reached please contact (**OTHER THAN PARENTS**):

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Mobile/Home phone: \_\_\_\_\_

Email: \_\_\_\_\_

Office: \_\_\_\_\_

***NOTE: It is the responsibility of the parents to inform the school if their child has a contagious illness that may potentially harm other students or EtonHouse staff.***

***It is the responsibility of the parents to update above information as needed.  
Telephone/mobile numbers and email addresses are extremely important.***

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#### Student Support Service

1. Has your child ever been diagnosed with any of the following

|                     |     |    |                         |     |    |
|---------------------|-----|----|-------------------------|-----|----|
| Autism              | Yes | No | Language Delay          | Yes | No |
| Asperger's Syndrome | Yes | No | Developmental Delay     | Yes | No |
| ADHD/ADD            | Yes | No | Dyslexia                | Yes | No |
| Physical Disability | Yes | No | Dyspraxia               | Yes | No |
| Speech Impairment   | Yes | No | Mathematical Disability | Yes | No |

Other please explain:

1. Has your child ever been supported by a special program (i.e. gifted and talented, learning difficulty, speech language therapy, resource, behavioural etc.) or had any individualized testing (i.e. intelligence testing, writing, reading and math diagnostics and/or psycho educational testing?)

If yes, please outline details of the report and provide a copy of any written documentation.

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2. Has your child ever repeated a year level?  Yes  No

If yes, which year and please provide details: \_\_\_\_\_

3. Has your child ever been suspended, asked to leave or dismissed from school? Yes  No

If yes, please provide details: \_\_\_\_\_

4. Does your child have any physical ailments which could affect participation in physical education classes?
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5. Is your child entering Nursery or Reception? Yes  No

If yes, please encircle the following:

- |                               |                              |                             |
|-------------------------------|------------------------------|-----------------------------|
| My Child is toilet trained    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Child can dress independently | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Child can eat independently   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

6. Do your religious beliefs forbid your child from eating certain food?

Yes  No  If yes, please specify: \_\_\_\_\_

#### **APPLICATION CHECKLIST**

**In addition to this completed application and medical form, the following documentation is essential and must be included as part of the application process**

|   |  |                                |  |
|---|--|--------------------------------|--|
| Child's most recent school report (if applicable) |  | 2 passport sized photographs   |  |
| Copy of child's passport                          |  | Copy of both parent's passport |  |
| Copy of child's CPR                               |  | Copy of both parent's CPR      |  |
| Copy of Immunization Record                       |  |                                |  |

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Invoice/Billing Information Details (must be completed)

|  |                           |                                  |
|--|---------------------------|----------------------------------|
| <b>School fees are paid by: Please check applicable</b><br>Employer of Parents _____ Parents _____ Others (Please specify) _____ |                           |                                  |
| Parents Employer Name:   | Compound/Bldg. Name:      |                                  |
| Parents Employer Address:  | Villa No./Flat No.:       | Road No.                         |
| Employer Contact Person/ Email Address:  | Block No.:                | Area:                            |
| To whom should the invoice be addressed:   | <b>FOR ADMIN USE ONLY</b> |                                  |
| EMPLOYER OF PARENTS <input style="width: 50px; height: 20px;" type="checkbox"/>  | ACTUAL ENTRY DATE         | CHILD OF STAFF<br>YES ___ NO ___ |
| PARENTS <input style="width: 50px; height: 20px;" type="checkbox"/>  | INVOICE NUMBER            | STUDENT NUMBER                   |

#### SCHOOL FEE- GENERAL TERMS AND CONDITIONS

##### Registration Fee

A **non-refundable** Registration Fee is payable upon registration of the student at the School.

##### Tuition Fee

- Eton House has a no-discount policy regarding school fees unless agreed with Management.
- School fees are annual and can be billed annually or bi-annually (August and February) or Term 1 payable June 3<sup>rd</sup>, Term 2 payable November 17<sup>th</sup>, for Jan, and Term 3 payable March 12<sup>th</sup>.
- The fee will be billed **before** commencement of the school term and payment must be settled promptly. Please understand that this helps us understand how many students are enrolled and allows us to secure you child's place in the class.
- A minimum of **8 weeks** withdrawal notice in writing is required. Failure to do so will result in administrative delays in the preparation of student tuition fee refund and student records for the departing student and no refunds will be given.

*I agree to abide by the conditions of enrolment. I am responsible for the payment of all fees for the student named below.*

Name of Child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

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#### PARENT/GUARDIAN AGREEMENT

|  |           |    |
|--|-----------|----|
| I (we) give permission for my child to attend class excursions for the academic year.<br><i>*Parents will be informed when excursions will take place.</i>   | YES       | NO |
| I (we) agree that photographs, work or film that my child may appear in or contribute to, may be published in materials, brochures, website, in advertisements or press releases for EtonHouse International Pre-School and other EtonHouse Schools. | YES       | NO |
| I (we) agree to follow all of the school procedures, regulations and policies. I (we) have provided all relevant information in this application form and it is accurate and true to the best of our knowledge.                                      | YES       | NO |
| I (we) agree for the school to provide the eco-friendly diaper and wipes and pay additional BD10/per term.<br><i>*It will be BD 15 if the child signed up for the stay and play or Aftercare program.</i>  | YES       | NO |
|  | <b>NA</b> |    |

Parent/Guardian Signature: \_\_\_\_\_

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

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#### Pick up and Drop off

Name of person dropping off and picking up the student (Other than parents):

\_\_\_\_\_

Relationship to the student:

\_\_\_\_\_

CPR Number: \_\_\_\_\_

Contact Number/s \_\_\_\_\_