



**VICTORIA  
INTERNATIONAL  
SCHOOL OF  
SHARJAH**



**AFFIX PASSPORT SIZE  
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# Application for Enrolment

personalised learning  
quality teaching  
excellence for all

**OFFICIAL USE ONLY**

STUDENT NAME : \_\_\_\_\_

GENDER : MALE ( ) FEMALE ( )

GRADE LEVEL : \_\_\_\_\_

HOUSE ALLOCATION : \_\_\_\_\_

REGISTRATION NUMBER - \_\_\_\_\_

DATE OF APPLICATION - / / 20



POSTAL ADDRESS P.O. BOX 68600, AL MAMZAR LAGOON

SHARJAH, UNITED ARAB EMIRATES

TEL : +971 6 577 1 999 | FAX : +971 6 577 1 888 |

EMAIL : admin@viss.ae | WEB : <http://www.viss.ae>



## DOCUMENTS REQUIRED FOR REGISTRATION

### الاوراق المطلوبة للتسجيل

#### Early Learning Centre (KG1), Kindergarten (KG2) and Prep (Grade 1)

#### رياض الأطفال + الصف الأول

1. 4 recent passport-sized photographs. 1 - عدد (4) صور شخصية حديثة
2. Copy of the student's passport with valid residence for non local students. 2 - عدد (2) صورة من جواز سفر الطالب، مع صورة الإقامة للطلاب غير المواطنين (إقامة سارية المفعول)
3. Copy of the birth certificate. 3 - عدد (2) صورة من شهادة الميلاد
4. Copy of the father's passport with valid residence for non locals. 4 - عدد (2) صورة من جواز سفر الأب، مع صورة من الإقامة لغير المواطنين (إقامة سارية المفعول)
5. Copy of the family's nationality card (for locals) 5 - عدد (2) صورة من خلاصة القيد (للمواطنين)
6. Copy of the student's immunization card. 6 - صورة من بطاقة التطعيم

#### For Grades 2 - 13

#### من الصف الثاني وحتى الثالث عشر

#### In addition to the above mentioned documents :

#### كل الاوراق المذكورة أعلاه إضافة إلى:

#### 7. Transfer Certificate from previous School attested as following:

#### 7 - شهادة إنتقال الطالب من المدرسة السابقة موثقة كما يلي :

##### - Inside UAE:

From the school and the educational office from which the student is transferred within UAE.

##### - من داخل الدولة:

ختم المدرسة والمنطقة التعليمية المنقول منها الطالب + صورة من بطاقة الدرجات النهائية للصف السابق.

##### - Outside UAE:

From the Ministry of Education, Ministry of Foreign Affairs and UAE Embassy in their country.

##### - من خارج الدولة:

يتم توثيق الشهادات الخاصة به من وزارة التربية والتعليم ووزارة الخارجية وسفارة الامارات في بلده.

Except students coming from USA, Canada, Australia, West European and Scandinavian countries.

باستثناء القادمين من الولايات المتحدة الأمريكية، كندا، أستراليا، ودول أوروبا الغربية والدول الإسكندنافية.

#### 8. Copy of the final school report or final result.

#### 8 - صورة بطاقة الدرجات النهائية للصف السابق



# APPLICATION FOR ENROLMENT

## A (1) – STUDENT INFORMATION

### PERSONAL INFORMATION

*(All fields marked (\*) are required / essential. Incomplete details cannot be processed)*

STUDENT FULL NAME (AS PASSPORT) : \_\_\_\_\_  
OTHER NAMES : \_\_\_\_\_  
NAME TO BE KNOWN AS : \_\_\_\_\_  
GENDER : MALE ( ) FEMALE ( )  
DATE OF BIRTH : / / (Day / Month / Year)  
PLACE OF BIRTH : \_\_\_\_\_  
NATIONALITY : \_\_\_\_\_  
RELIGION : \_\_\_\_\_  
POSTAL ADDRESS (P.O. BOX) : \_\_\_\_\_  
APARTMENT/VILLA NUMBER : \_\_\_\_\_  
STREET : \_\_\_\_\_  
AREA : \_\_\_\_\_  
CITY : \_\_\_\_\_

### ADMISSION GRADE LEVEL

*(Enter the grade level sought for admission)*

GRADE LEVEL REQUIRED : \_\_\_\_\_

### EMERGENCY CONTACTS

*(All fields marked (\*) are required / essential. Incomplete details cannot be processed)*

FULL NAME : \_\_\_\_\_  
PHONE NUMBER : \_\_\_\_\_  
RELATIONSHIP : \_\_\_\_\_

### SPECIAL HEALTH/WELL-BEING

*(Indicate whether Special Learning Support/Health/Well-Being Needs are required. Add notes below)*

\_\_\_\_\_  
\_\_\_\_\_

### CUSTODY RESTRICTIONS

*(If there are any custodial restriction in place, kindly provide documentation to support this and indicate who is the custodial parent – an appointment will be arranged with the Principal to gain any advice the School may need on the custodial parent restrictions.)*

\_\_\_\_\_



## A (2) – STUDENT INFORMATION

### PREVIOUS SCHOOLING

(Please enclose copies of the most recent Student School Reports)

SCHOOL NAME	LOCATION	YEAR/ GRADE	YEAR OF ENROLMENT	CONTACT NAME	POSITION	CONTACT NUMBER

### SPECIAL INTERESTS

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

### LANGUAGE COMPETENCY

(Rate your child's language competence based on the scale chart)

LANGUAGE	RATING
English	
Arabic	
Others specify	

**SCALE CHART**

↑

1= None  
2= Average  
3= Good  
4= Very Good  
5= Excellent

↓

### SIBLING INFORMATION

(Please indicate other sibling information)

FIRST NAME	FAMILY NAME	DATE OF BIRTH	GENDER	SCHOOL NAME
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		



## B – PARENT INFORMATION

### ENROLLING STUDENT NAME

*(Enter the name of the student enrolling on this form)*

FULL NAME : \_\_\_\_\_

### PARENT / GUARDIAN DETAILS

*(Only fill in the address details if it is different from the student's address already mentioned before)*

	FATHER	MOTHER
FIRST NAME :	_____	_____
MIDDLE NAME :	_____	_____
LAST NAME :	_____	_____
NATIONALITY :	_____	_____
POSTAL ADDRESS :	_____	_____
APARTMENT/VILLA NUMBER :	_____	_____
STREET :	_____	_____
AREA :	_____	_____
CITY :	_____	_____
COUNTRY :	_____	_____
RESIDENCE TEL NUMBER :	_____	_____
MOBILE NUMBER :	_____	_____
FAX NUMBER :	_____	_____
COMPANY NAME :	_____	_____
OFFICE TEL NUMBER :	_____	_____
EMAIL ADDRESS :	_____	_____

### PERMANENT ADDRESS

*(Enter your overseas permanent address, if applicable)*

	FATHER	MOTHER
FULL NAME :	_____	_____
APARTMENT/VILLA NUMBER :	_____	_____
STREET :	_____	_____
AREA :	_____	_____
COUNTRY :	_____	_____
RESIDENCE TEL NUMBER :	_____	_____



## C – PARENT DECLARATIONS

1. I confirm that all of the information provided to the Victoria International School of Sharjah is true and correct. I authorize the recording of this information on the School's electronic database.
2. I understand and accept that if any information I provide is incorrect or misleading, and/or if I fail to pay school fees, and/or if any of my immediate family fail to abide by Victoria International School of Sharjah policies or directions; it is likely that my child will lose his/her place at Victoria International School of Sharjah.
3. I understand that school fees should be paid before the start of each school term to secure my child's place at the Victoria International School of Sharjah (or by making an advance payment if approved by the Finance Manager).
4. I will comply with fair and reasonable policies adopted by the School Board and directions of the Principals. In particular I commit to:
  - a) Work in partnership with the School to ensure my child develops a healthy work-life balance including sound work habits and appropriate behaviors.
  - b) Communicating openly with my child's teachers to both acknowledge success and work in partnership to address any student learning, behavioral and well-being issues.
  - c) Understanding that VISS has a Student Code of Conduct, which clearly sets out guidelines for behavioral standards. I further understand that in the event of unacceptable behavior, the School may suspend or expel a student at any time they see fit and that I shall abide by such decisions made of the School.
5. I consent to my child participating in local day excursions (field trips) as part of the curriculum where appropriate.
6. I consent / do not consent (*select as appropriate*) to my child being included in any photographs taken of students as part of the School program and used in displays, on the website, newsletters, magazines or daily newspapers.
7. I agree that my son/daughter will not have access to the School Information Technology and Internet services without having first agreed to abide by the School's policy on appropriate educational usage of these resources.

### PARENT DECLARATIONS ACCEPTANCE

NAME : \_\_\_\_\_  
SIGNATURE : \_\_\_\_\_  
DATE :        /        / 20        (Day / Month / Year)



## D – INDEMNITY FORM

I, \_\_\_\_\_ of \_\_\_\_\_ (address) being the lawful parent or guardian of \_\_\_\_\_ (student name) hereby agree:-

That Victoria International School of Sharjah or any teachers or officials or voluntary helpers of the school, shall have no responsibility whatsoever in respect of any bodily injury to the above child:

1. Prior to actual delivery of the said child into the custody of the said teachers or officials inside the school grounds, or after the child has been collected from the school grounds by a person authorised by me to do so, on a normal school day.
2. Whilst on school grounds outside the official opening times.
3. At any other time, unless the said child is in the direct custody or control of one of the said teachers whilst on a recognized outing or function arranged by the school.
4. Unless the injury is caused by or resulting from
  - a) The neglectful act or omission of any employee, teacher or other person or persons authorized to act for or on behalf of the said school.
  - b) Any defect on the premises of the said school.

In addition, I agreed to indemnify and keep indemnified the said school in respect of any loss or damage which the said school may pay, in respect of medical or other expenses arising from accidental bodily injury to the said child other than set out in Article 4 (above), and in respect of any loss or damage to property belonging to or in the custody of the said school caused by the said child.

### INDEMNITY ACCEPTANCE

NAME : \_\_\_\_\_  
 ADDRESS : \_\_\_\_\_  
 SIGNATURE : \_\_\_\_\_  
 DATE :            /            / 20            (Day / Month / Year)

### WITNESS ACCEPTANCE

NAME : \_\_\_\_\_  
 ADDRESS : \_\_\_\_\_  
 SIGNATURE : \_\_\_\_\_  
 DATE :            /            / 20            (Day / Month / Year)



## FEE SCHEDULE

Grade	Tuition Fee P.A
KG 1	27,000
KG 2	32,500
GR 1	37,800
GR 2	39,350
GR 3	39,350
GR 4	39,350
GR 5	39,350
GR 6	45,250
GR 7	45,250
GR 8	45,250
GR 9	45,250
GR 10	51,200
GR 11	51,200
GR 12	57,000
GR 13	57,000

### OTHER FEES:

ASSESSMENT FEE 200/DHS

ENROLMENT FEE 2000/DHS

### NOTE:

The enrolment fee, which is credited against the first year's tuition fees, is to be paid to ensure place for a student at the school.

## FEE AND REFUND POLICY

1. Tuition Fees exclude books, stationery, transport, uniform, meals and other expenses.
2. For families who are enrolling 2 or more children concurrently at VISS, the second child is entitled to a 10% discount on Tuition fees & for the third child and subsequent 20% discount on Tuition fees.
3. For new students the Enrolment fee is payable within (5) working days of the date of confirmation of enrolment.
4. The school reserves the right not to enroll any students whose fees are not paid in time.
5. If the student leaves the school for any reason, the school will return the fees as per Ministry of Education Rules.
6. For students leaving the school, prior full term's notice in writing must be received by the school or forfeit the term's school fees.
7. The school retains the rights to suspend students if the annual tuition fee is not paid in accordance to the Ministry of Education rules and regulations.
8. No student will receive their report or Transfer Certificate unless the school account has been settled in full.

## RETURNING STUDENTS

Returning students must re-enroll before 1<sup>st</sup> of April of each year and will be re-enrolled only after all tuition fees previously owing have been received by the school. **No Extensions for re-enrolment will be given.** Failure to meet this deadline will result in the student having to re-apply as a new student with payment of all applicable fees and subject to the waiting list for the relevant academic year.

## DECLARATION BY THE PARENT/GUARDIAN

I have read, understood and agreed to the above fee structure.

I understand that this document form is part of the admission required for admission to VISS

Name of parent/ Guardian: \_\_\_\_\_

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



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# Application for Medical & Immunisation Record And Consent Declaration

personalised learning  
quality teaching  
excellence for all

CONFIDENTIAL DOCUMENT



**OFFICIAL USE ONLY**

STUDENT NAME : \_\_\_\_\_

GENDER : MALE ( ) FEMALE ( )

GRADE LEVEL : \_\_\_\_\_

REGISTRATION NUMBER - \_\_\_\_\_

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**A - EMERGENCY CONTACT**

(All fields marked (\*) are required /essential. Incomplete details cannot be processed)

RELATIONSHIP : \_\_\_\_\_  
FULL NAME : \_\_\_\_\_  
CONTACT NUMBER : \_\_\_\_\_

**B - HEALTH INSURANCE**

(Indicate type of health insurance coverage)

TYPE OF HEALTH INSURANCE : \_\_\_\_\_  
INSURANCE PROVIDER : \_\_\_\_\_  
MEDICAL INSURANCE NUMBER : \_\_\_\_\_ EXPIRY DATE : \_\_\_\_\_

**C - STUDENT MEDICAL HISTORY**

(Indicate/select medical history of your child, if any)

ILLNESS	YES	NO	DATE
CHICKEN POX / جدري			
DIPHTHERIA / الخناق			
FREQUENT COLDS / زكام متكرر			
HEPATITIS / إلتهاب الكبد			
MEASLES / الحصبة			
MUMPS / النكاف			
PNEUMONIA / الإلتهاب الرئوي			
POLIOMYELITIS / شلل الأطفال			
RHEUMATIC FEVER / الحمى الروماتيزمية			
SCARLET FEVER / الحمى القرمزية			
TONSILLITIS / إلتهاب اللوزتين			
TUBERCULOSIS / مرض السل			
WHOOPING COUGH / السعال الديكي			



**D - MEDICAL CONDITIONS**

(Indicate/select medical conditions of your child, if any)

MEDICAL CONDITION	YES	NO	
ASTHMA / الربو			
ADHD / اضطراب نقص الانتباه و فرط النشاط			
ALLERGIES (FOOD, INSECT BITES, DRUGS, ECZEMA) الحساسية (غذاء، لدغ، الحشرات، دواء، الأكريميا)			
CONCENTRATION DIFFICULTIES / صعوبات التركيز			
CONGENITAL HEART DISEASE / أمراض القلب الخلقية			
DIABETES / مرض السكري			
ENZYME DEFICIENCY / نقص أنزيم			
EPILEPSY/SEIZURES / الصرع			
FAINTING / الإغماء			
HEARING DIFFICULTIES / صعوبات السمع			
MENSTRUAL PAIN / ألم الحيض			
MIGRAINES / الصدع النصفي			
SPEECH DIFFICULTIES / صعوبات التكلم			
SURGERY OR SERIOUS INJURIES / جراحة أو جروح خطيرة			
THALASAEMIA / ثلاسيميا			
VISUAL DIFFICULTIES / الصعوبات البصرية			
OTHER (PLEASE LIST) / شئ آخر (الرجاء الذكر)			

(Briefly outline the medical conditions and any recommended actions) / بإيجاز الظروف الطبية و ماهي الإجراءات الموصى بها

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(Is your child taking medication now or periodically? If YES, state below)

هل يأخذ طفلك دواء حالياً أو دورياً؟ إذا كان الجواب نعم، اذكر ذلك أدناه

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(Is there any reason for your child to have restricted physical activity? If YES, state below)

هل هناك أي سبب يقيد طفلك من ممارسة النشاط البدني؟ إذا كان الجواب نعم، اذكر ذلك أدناه

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**E - IMMUNISATIONS / تحصين**

(Indicate the immunization record of your child, if any)

TYPE OF IMMUNISATION	1 <sup>ST</sup> DOSE	2 <sup>ND</sup> DOSE	3 <sup>RD</sup> DOSE	BOOSTER	REMARKS
BCG					
CHICKEN POX					
D.T.					
DPT					
HEPATITIS A					
HEPATITIS B					
HIB					
MEASLES					
MENINGITIS					
MMR					
POLIO					
RUBELLA					
OTHERS :					

### F – MEDICAL CONSENT DECLARATION

1. I confirm that all of the information provided to the Victoria International School of Sharjah is true and correct. I authorise the recording of this information on the School's electronic database.
2. In the event that your child requires emergency treatment you will be contacted and asked to collect your child from the school. If the school is unable to contact you, your child will be taken to a Doctor/ Hospital for diagnosis and treatment. Efforts to contact you will continue.
3. Indicate whether you wish the First Aid Officer/School Nurse to administer non-prescription medicines to your child to relieve symptoms such as headache, asthma attack, menstrual cramps, toothache, colds, hay-fever.
  - a)  I **AUTHORISE** the school to administer to my child non-prescription medicine as appropriate.
  - b)  I **DO NOT** wish my child to receive any medicine at the School.

**CONSENT DECLARATION ACCEPTANCE**

NAME : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_

DATE :                    /                    / 20                    (Day / Month / Year)