

International Schools Group – Jubail

PO Box 10059
Jubail 31961
Kingdom of Saudi Arabia



MARK A. McDOUGALL
Principal
Email: mmcdougall@isgdh.org
SUSAN VAN STRATEN
Registrar
Email: svanstraten@isgdh.org

PRE-RECEPTION

2011 - 2012 STUDENT ENROLLMENT PACKAGE

- Please complete and sign the following enclosed registration forms:**
(In compliance with ISG Policy # 2001/2065)
 - 2011 - 2012 Enrollment Form
 - Tuition Payment Agreement Form (Company to complete, sign and stamp)
 - Conditions of Placement, Acceptance & Continuous Registration
 - Health Inventory (Attach a copy of the Immunization Card and the Medical Insurance Card)
 - Authority to Release School Records (ISG Policy #2001 states initial enrollment is provisional for a period of 30 days. Failure to produce previous school records will result in student expulsion until the required documentation is produced.)
 - Attendance Policy
 - Acceptable Use Policy
 - Bus Rules
 - Substance Abuse and Student Discipline
 - Volunteer Application
 - Community Questionnaire
- Please attach the following to the completed registration forms:**
 - Two passport size photographs of student
 - Copy of the Student's Passport – (statistical pages as follows):
 - a) Page showing name
 - b) Page showing date of birth
 - c) Page showing student's first Saudi entry visa
- Please complete the Ministry Approval Form.** (Package contains information regarding all required documentation)
Note: Ministry Approval is compulsory for ALL STUDENTS who do not hold an American or British Passport!

***The above forms must be submitted prior to a child being accepted into the school.
Subsequent forms may be submitted prior to, or on the child's first day of school.***

The **School Nurse will issue you with the Medical Form** which has to be returned **within 45 days** of student commencing school. It must be completed, signed and stamped by a medical doctor. It is not required at the time of initial enrollment. ISG Policy #2065 states initial enrollment is provisional for a period of 45 days. Failures to comply with immunization requirements or to provide immunization and inoculation records will result in exclusion of student until above requirements are met. The **Health Inventory Form** must be submitted prior to the child's first day of school.

**PLEASE COMPLETE AND RETURN THE ATTACHED FORMS TO THE REGISTRAR
OFFICE HOURS ARE FROM 7:30 AM TO 2:30 PM
SATURDAY THROUGH WEDNESDAY**

International Schools Group – Jubail

PO Box 10059
Jubail 31961
Kingdom of Saudi Arabia

Telephone: 966 3 341 7550
Fax: 966 3 341 6990
Website: www.isg-jubail.org



MARK A. McDOUGALL
Principal
Email: mmcdougall@isgdh.org
SUSAN VAN STRATEN
Registrar
Email: svanstraten@isgdh.org

Dear Parents,

We welcome your child to the Pre-Reception Class and would ask that you send the following to school with your child:

1. A healthy snack and a drink daily. Please avoid sweets and fizzy drinks.
2. A change of clothing.
3. A plastic cup for drinking water.

Thank you
Pre-Reception Teacher

International Schools Group – Jubail

PO Box 10059
Jubail 31961
Kingdom of Saudi Arabia



MARK A. McDOUGALL
Principal
Email: mmcdougall@isgdh.org
SUSAN VAN STRATEN
Registrar
Email: svanstraten@isgdh.org

Telephone: 966 3 341 7550
Fax: 966 3 341 6990
Website: www.isg-jubail.org

2011 – 2012 ENROLLMENT FORM

Student Information:

Student's Family Name: _____

Student's First Name: _____

Student's Middle Name: _____

Nationality: _____ First Language: _____

Date of Birth: _____ Age: Years _____ Months _____
(Written in words please)

Do you expect your child to be here for the full school year? Yes / No

Has your child(ren) been to any ISG School before? Yes / No

Siblings in ISG: _____

Student Passport #: _____

(Please attach Passport copy)

Passport Expiry: _____

Student E-mail: _____

Male / Female Muslim/Non- Muslim
(Please circle) (Please circle)

Grade Applying For : _____

Expected Start Date: _____

If yes, please indicate the year _____

Family Information:

Father's Last Name: _____

First Name: _____

Middle Name: _____

Nationality: _____ Language 1st: _____

Father's Work #: _____ Fax: _____

Father's Work E-mail: _____ Father's Home E-mail: _____

Mother's Last Name: _____

Mother's First Name: _____

Middle Name: _____

Mother's Work #: _____ Fax: _____

Mother's Work E-mail: _____ Mother's Home E-mail: _____

Family Iqama #: _____

(Please attach Iqama copy)

Iqama Expiry: _____

Muslim/Non-Muslim (Please circle)

Language 2nd: _____

Father's Mobile: _____

Nationality: _____

Language 1st: _____

Language 2nd: _____

Mother's Mobile: _____

1 x Most preferred E-mail address for communication purposes: _____

Compound/Home Residence Address: _____ Area: RC / NRC Home Phone #: _____
(Please Circle)

Emergency Contact Name: _____ Contact #: _____ Relationship: _____

Sponsor/Company Information:

Sponsored Employee: Father / Mother Occupation: _____ Department: _____ Badge #: _____
(Please circle)

Sponsor/Company Name: _____ Company Phone: _____ Fax: _____

Company Address: P.O. Box: _____ City: _____ Zip: _____

Human Resources Contact: _____ Phone: _____ Ext: _____ Fax: _____ Email: _____

I have read, understood and agree to all related admission requirements. Please enroll this student in ISG – JUBAIL.

Date: _____ Father's Signature: _____ Mother's Signature: _____

International Schools Group – Jubail

PO Box 10059
Jubail 31961
Kingdom of Saudi Arabia

Telephone: 966 3 341 7550
Fax: 966 3 341 6990
Website: www.isg-jubail.org



MARK A. McDOUGALL
Principal
Email: mmcdougall@isgdh.org
ANGELA JUCAL
Accountant
Email: ajucal@isgdh.org

2011 – 2012 Tuition and Fee Payment Summary Pre-Reception

NO REFUND POLICY: It is ISG – Jubail's policy that there will be no tuition refunds

	Royal Commission Area	Non - Royal Commission Area
1st Invoice payment date is <u>within 15 business days from 1st day of attendance.</u>	8,165 SAR	3,665 SAR
2nd Invoice payment date is <u>November 16, 2011.</u>	3,665 SAR	3,665 SAR
3rd Invoice payment date is <u>February 08, 2012.</u>	3,664 SAR	3,664 SAR
Total Tuition	15, 494 SAR	10,994 SAR
1st day of school is September 06, 2011.		

- ISG offers a tuition fee discount (50%) to families for the third and additional children enrolled in an ISG school. The discounts would apply to the youngest children only.
- Students enrolling after September 30, 2011 will pay a prorated daily tuition rate, based on the number of student days in the school year for the remainder of that quarter/term plus the remaining quarterly term tuition rates. Other fees and assessments will not be pro-rated on the quarter or term basis.
- Installment payment plans not offered to students enrolling after September 30, 2011.

International Schools Group – Jubail

PO Box 10059
Jubail 31961
Kingdom of Saudi Arabia



MARK A. McDOUGALL
Principal
Email: mmcdougall@isgdh.org
SUSAN VAN STRATEN
Registrar
Email: svantraten@isgdh.org

CONDITIONS OF PLACEMENT, ACCEPTANCE & CONTINUOUS REGISTRATION

STUDENT PLACEMENT/EXCLUSION:

Initial acceptance and placement of new students by ISG schools are tentative and based primarily upon records presented and age appropriateness. The site administrator of the school in which the student is to be enrolled shall have the responsibility to review the suitability of a provisional acceptance and placement. ISG reserves the right to make a change in the placement as the site administrator deems appropriate and in the best interest of the student and the school.

ISG RESERVES THE RIGHT TO ADMINISTER ACADEMIC TESTS:

ISG reserves the right to test students for the purpose of establishing their ability to perform within ISG academic standards and to exclude students with academic deficiencies.

SPECIAL EDUCATION CLASSES NOT OFFERED:

ISG - Jubail will not accept, and will exclude, students identified as having special education needs or requiring special education services outside of the scope of education services customary offered by ISG - Jubail.

MEDICAL INSURANCE/ASSUMPTION OF RISK:

ISG does not provide medical insurance for students and disclaims any financial responsibility for sickness, accident or injury sustained by a student at any ISG site unless caused by negligence on the part of the school or its staff.

FIELD TRIP AUTHORISATION:

My son/daughter _____ has my permission to participate in properly planned and supervised study or recreational trips sponsored by ISG and I assume full responsibility for him/her on these trips. I give my permission for him/her to use transportation provided by ISG or endorsed contract organizations with or at any ISG site. I hereby hold harmless ISG, the Saudi Government or other Government body for any claims resulting from accidents while using the transport provided, unless caused by negligence on the part of the school or its representatives.

NO REFUND POLICY

The Board of Trustee's Policy is to not refund tuition and fees if a student departs before year-end. The full school tuition and fees, as invoiced, will be due and payable regardless of the number of days a student attends school – **with the exception of the following:**

1. Student Withdrawal [First eleven (11) days]:

A student, who is withdrawn during the first (10) school days following the initial day of attendance and whose parent or sponsor has paid the full fees, will be granted a tuition refund less the pro rata share for the days enrolled, based on the annual tuition divided by the number of student days for the school year and 90% of other fees.

2. Inappropriate Program Exclusion:

When ISG determines that a student is unable to function successfully within ISG program offerings and the student is excluded, the parent or company will be granted relief from tuition and fees. The relief will be calculated as an annual tuition and fees, less the pro rata share for the days enrolled on the basis of the annual tuition and fees divided by the number of student days for the year.

3. Exclusion Following Probationary or Conditional Enrollment:

When ISG determines that a student is no longer permitted to attend school following a probationary or conditional period of enrollment not to exceed one semester or term and the student is excluded, the parent or company is liable for the annual fees and the semester/term tuition. If the year's tuition was paid, the parent or company is entitled to a 50% / 75% refund of tuition only.

PSYCHOLOGICAL TESTING:

During the year various standardized tests are administered. Occasionally, it may be necessary to complete a psycho-educational evaluation. At times an interview may be scheduled with the ISG Educational Diagnostician. Parents will be notified when educational and/or psychological evaluations are to be conducted, and the results of such evaluations will be shared with parents.

I hereby certify that I have read, understand and agree to these conditions. I specifically acknowledge that my child has not qualified for and/or received Special Education services in the last two years and could be subject to exclusion from ISG if a learning disability or handicapping condition requiring such services becomes evident.

Student's Printed Name

Parent's Printed Name

Date

Parent's Signature

International Schools Group – Jubail

PO Box 10059
Jubail 31961
Kingdom of Saudi Arabia



MARK A. McDOUGALL
Principal
Email: mmcdougall@isgdh.org
YUMI ASUNCION
Nurse
Email: yasuncion@isgdh.org

Telephone: 966 3 341 7550
Fax: 966 3 341 6990
Website: www.isg-jubail.org

VACCINATIONS AND INOCULATIONS REQUIRED FOR ADMISSION TO ISG FOR PARENT INFORMATION ONLY

School environments need to be free from dangerous infectious diseases. At the time of application for admission to a school, the parent must provide a written history of the child's vaccinations and inoculations. Any time those inoculations and/or vaccinations for infectious diseases are required to protect the health of students and staff, the administration will institute appropriate action to ensure compliance.

At the time of **initial enrollment**, parents are required to submit acceptable written documentation of their child's immunization and inoculation records. The school nurse will review documentation records and advise parents of remaining compulsory vaccinations and inoculations. The age of the child and the previous vaccinations and inoculations will be taken into account. **If records have not been provided within the said forty-five (45) calendar day period, the parents will be notified of non-compliance with policy (#2065) and exclusion of their child from school will follow until required documentation of immunizations and inoculations are provided to the Site Administrator.**

Board policy #2065 applies to all students seeking admission at any of the district schools. Additionally, children attending ISG operated nurseries will be required to comply with this policy.

VACCINATIONS AND INOCULATIONS

DISEASES

MINIMUM DOSES

Diphtheria
Pertussis
Tetanus
Polio

Four (4) inoculations including a preschool inoculation between ages 4-6

A fifth (5) inoculation is recommended, if needed

Measles
Mumps
Rubella (German Measles)

Two (2) inoculations

Tuberculosis (BCG or recent Skin test)

BCG Vaccine or TB skin test within the last year

Meningococcal - meningitis

One (1) within the last five (5) years prior to enrolling and every subsequent five (5) years

Documentation:

Any of the following documentation will be acceptable to the school:

1. Prior immunization records
2. Prior school medical records which include immunization records
3. Completed ISG Medical Form signed by a qualified medical examiner

I hereby certify that I have read, understand and agree to the policy.

Parent's Printed Name

Parent's Signature

Date

International Schools Group – Jubail

PO Box 10059
Jubail 31961
Kingdom of Saudi Arabia

Telephone: 966 3 341 7550
Fax: 966 3 341 6990
Website: www.isg-jubail.org



MARK A. McDOUGALL
Principal
Email: mmcdougall@isgdh.org
YUMI ASUNCION
Nurse
Email: yasuncion@isgdh.org

MEDICAL FORM

Student Name : _____

Date of Birth : _____

Please complete the following vaccination history :

Immunizations are mandatory to school admittance.

Immunizations	Immunization Dates (dd/mm/yyyy)			Booster (dd/mm/yyyy)	
	1st	2nd	3rd	4-6 years	14-16 years
DPT (Diphtheria, Pertussis, tetanus)					
Td (Tetanus diphtheria)					
Polio (OPV/IPV)					
MMR (Measles, Mumps, Rubella)					
Tuberculin Skin Test (M) **	Date :	Pos :	Neg :		
BCG Vaccination					
Meningitis (every 5 years)					

- Meningococcal ACWY is the recommended vaccine for Saudi Arabia
- ** TB Test must be given within last 12 months. Exceptions to TB Skin test will be made **ONLY** if student has had BCG Vaccination

Does the student have a history of any of the following :

	YES	NO		YES	NO
Measles			Convulsions (including FEBRILE)		
Mumps			Hearing Problems		
Rubella			Vision Problems		
Chicken Pox			Surgery		
Allergies			OTHER SERIOUS ILLNESS :		
Asthma					
Skin Problems					

NOTE : IT IS MANDATORY THAT THIS FORM BE REVIEWED AND SIGNED BY A **MEDICAL DOCTOR** :

Based on information provided above and a physical examination, I find the above named student, free of contagious disease, vaccinated in accordance with the ISG Board Policy 2065 and fit for all usual school activities.

Signed : _____ MD.

Date : _____

(Include physician or clinic stamp)

International Schools Group – Jubail

PO Box 10059
Jubail 31961
Kingdom of Saudi Arabia

Telephone: 966 3 341 7550
Fax: 966 3 341 6990
Website: www.isg-jubail.org



MARK A. McDOUGALL
Principal
Email: mmcdougall@isgdh.org
YUMI ASUNCION
Nurse
Email: yasuncion@isgdh.org

HEALTH INVENTORY FORM

The **HEALTH INVENTORY** should be returned to us on your child's first day at school. It is very important for the School Nurse to know the medical condition of your child, especially if he/she becomes ill in school. It is also essential for the staff and the nurse to know of children who have allergic conditions.

Student Name : _____ Date of Birth : _____
(Family Name) (First name) (Middle) Month / Day / Year

Sex : (circle) **M** or **F** Grade / Year : _____

Father's name : _____ Work Telephone : _____ Mobile Phone : _____

Mother's name : _____ Work Telephone : _____ Mobile Phone : _____

Family most preferred email address : _____

In the event parents cannot be reached, please provide the following :

Emergency name and telephone number :

_____ (someone in-Kingdom other than parents when parents cannot be reached)

Please circle **YES** or **NO** to the questions below :

Does your child have any medical conditions that require special attention (ie. Asthma, seizures, cardiac problems, diabetes, etc.) ? **YES NO** If yes, please explain : _____

Is your child allergic to any medication, food or other substances ? **YES NO**

If yes, please list allergies : _____

Is your child taking any daily medications ? **YES NO**

If yes, please list medications and explain reasons : _____

Does your child wear glasses, contact lenses, hearing aide or other assistive devices ? **YES NO**

If yes, please specify : _____

Has your child been hospitalized, undergone an operation or acquired any major illness within the last two years ? **YES NO** If yes, please explain : _____

If your child becomes ill at school, does the school nurse have permission to give Paracetamol based medication at her discretion ? **YES NO**

***Students should inform the school nurse about injuries and medical conditions. Students with medical complications such as asthma, diabetes and allergies should have necessary medications (ie. Inhalers, topical creams, etc.) stored in the Nurse's Clinic at all times.*

I am the Parent/Guardian of the above named child. I give permission for the information provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services for the limited purpose of meeting my child's health and educational needs.

Signature of Parent/Guardian

Date

OFFICE USE ONLY :

Date Received _____ Student # _____ Grade/Year _____ Start Date _____



INTERNATIONAL SCHOOLS GROUP

ADMIN. REGULATION

REG. NO.: 2110
Adopted: 1/16/79
Last Revision: 5/10
Last Revision Effective: 5/10
Last Review: 5/10
Next Review: 5/13

ADMINISTERING PRESCRIPTION MEDICATION TO STUDENTS

At the written request of parents, a school nurse may administer medication. Any prescription medication a student requires during school hours must be given to the school nurse. *Any prescription medication a student requires during a study trip must be given to the sponsor of the study trip. If the school does not employ a nurse or if a nurse is not available on a study trip, parents, in consultation with the Site Administrator, must make alternate arrangements to administer prescription medication.

EMERGENCY MEDICAL FORM – E-1040-D

Student's Name (Please Print)

Home Phone #

Father's Work #

Other emergency contact name and numbers (please list two):

(Name)

(Home number)

(Work number)

(Name)

(Home number)

(Work number)

Allergies: (List all active and inactive allergies: _____

Allergic to any medications? (If so, please list): _____

Medical insurance company and applicable policy number: _____

*Medicine that needs to be taken while on a study trip: _____

*Please list any other important data about your child that may prove helpful on the study trip: _____

(Father's Name)

(Father's signature)

(Date)

(Mother's Name)

(Mother's signature)

(Date)

International Schools Group – Jubail

PO Box 10059
Jubail 31961
Kingdom of Saudi Arabia



MARK A. McDOUGALL
Principal
Email: mmcdougall@isgdh.org
SUSAN VAN STRATEN
Registrar
Email: svantraten@isgdh.org

Telephone: 966 3 341 7550
Fax: 966 3 341 6990
Website: www.isg-jubail.org

LANGUAGE SURVEY

Student's Name (Please Print)

1. What language did your child speak first?

2. What language(s) do you speak?

Mother: _____

Father: _____

3. What language is usually spoken at home?

4. Has your child studied English?

If yes, how long? _____ Months/Years

Where/How: _____

International Schools Group – Jubail

PO Box 10059
Jubail 31961
Kingdom of Saudi Arabia



MARK A. McDOUGALL
Principal
Email: mmcdougall@isgdh.org
SUSAN VAN STRATEN
Registrar
Email: svantraten@isgdh.org

Telephone: 966 3 341 7550
Fax: 966 3 341 6990
Website: www.isg-jubail.org

VOLUNTEER APPLICATION FOR DEPENDANT SPOUSE

Date _____

First Name _____

Last Name _____

Address _____

Home Phone _____

Other Phone _____

E-mail _____

Fax _____

Children enrolled at ISG-Jubail _____

Languages spoken _____

Days preferred (please circle): Sat / Sun / Mon / Tues / Wed / Call when needed

I would be prepared to help with:

- Classroom activities
- Library
- Field trips
- Setting up display boards
- General (photocopying / filing, organizing resources, etc)

Please include any additional information such as interests, skills, experiences, and other type of volunteer service preferred: _____

TEACHING EXPERIENCE/QUALIFICATION OF DEPENDANT SPOUSE

From time to time we experience the need to hire Local Teachers (Dependant spouses of Company sponsored employees). We could most definitely make use of your valuable educational experience.

Previous Teaching Experience (please circle): Yes No

Area Of Experience _____

Qualification/Certification _____

Should a position become available, would you be interested in:

- Substitution Days preferred (please circle): Sat / Sun / Mon / Tue / Wed
- Part Time Days preferred (please circle): Sat / Sun / Mon / Tue / Wed
- Full Time

Please feel free to contact the school office on 341 7550. Alternatively please send a copy of your Curriculum Vitae to the designated contact persons below:

Mr. Mark McDougall
Mr. Dan Mock
Mrs. Bonnie Forester

Principal mmcdougall@isgdh.org
Vice Principal dmock@isgdh.org
Receptionist bforester@isgdh.org