

International Schools Group – Jubail

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PRE-RECEPTION

2010 - 2011 STUDENT ENROLLMENT PACKAGE

- 1. Please complete and sign the following enclosed registration forms:**
 1. 2010-2011 Enrollment Form
 2. Tuition Payment Agreement Form (**Company to complete, sign and stamp if applicable**)
 3. Conditions of Placement, Acceptance and Continuous Registration
 4. Health Inventory (**Attach a copy of the Immunization Card and the Medical Insurance Card.**)
 5. Language Survey
 6. Volunteer Application if interested to volunteer at school
 7. Community Resource Questionnaire

- 2. If the student is non-Muslim, attach the following documentation:**
 1. 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
 2. Two passport size photographs of student.
 3. Copy of Father's Iqama (Family page to follow when processed or Company letter stating Family Iqama is in process.)

- 3. If the student is Muslim, please provide:**
 1. Two passport size photographs of student
 2. Completed Muslim Approval package (**Package contains information regarding all required documentation**)

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



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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



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2010 – 2011 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: _____



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2010 – 2011 Tuition 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>August 21, 2010.</u>	7,200 SAR	2,700 SAR
2nd Invoice payment date is <u>October 27, 2010.</u>	2,700 SAR	2,700 SAR
3rd Invoice payment date is <u>January 26, 2011.</u>	2,700 SAR	2,700 SAR
4th Invoice payment date is <u>March 30, 2011.</u>	2,574 SAR	2,574 SAR
Total Tuition	15, 174 SAR	10,674 SAR
1st day of school is August 21, 2010. Your child may not enter unless fee is paid as laid out above.		

- 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 29, 2010 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 29, 2010.



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2010 – 2011 TUITION PAYMENT AGREEMENT PRE - RECEPTION

Student's Name: _____

Father's Name: _____

Company: _____

Payment Information

Student invoices will be prepared from the information below. The school office is open year round (except for June 19 – August 14, 2010 and school holidays) for registration, invoice collection and tuition payments.

Payment Responsibility (Please circle)

PARENT

COMPANY

CO-PAYMENT %
COMPANY ____ PARENT ____

CHOOSE FROM: One full payment OR Installment payments

AS A PARENT, I UNDERSTAND THAT I AM ULTIMATELY RESPONSIBLE FOR PAYMENT OF MY CHILD'S TUITION EVEN IF MY SPONSOR HAS AGREED TO MAKE PAYMENT.

(Parent's Signature)

IF A COMPANY IS TO BE BILLED FOR TUITION PAYMENT THE FOLLOWING INFORMATION MUST BE COMPLETED AND A COMPANY STAMP AFFIXED.

It is hereby declared that the above student is an authorized dependent of this company and we will pay the tuition fees for the 2010-2011 school year and subsequent years of enrollment according to the fee schedule.

Signature of company official

Date

Name of company official

Position

Company Name



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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 AUTHORIZATION:

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



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STUDENT PHYSICAL EXAMINATION – POLICY # 2060

The parent(s) will provide the school with appropriate evidence that the child has had a recent physical examination. Children may be admitted to school on a provisional basis if there is no evidence of a recent physical examination. A parent will have forty-five (45) calendar days from the student's first day of attendance in which to provide evidence of a recent physical examination. If the evidence is not provided, parents will be notified in writing of non-compliance with this policy and exclusion of their child from school will follow after a fifteen (15) calendar day grace period until the required evidence is presented to the Site Administrator.

Normally an examination completed at the time the student depart his home country for Saudi Arabia is sufficient.

VACCINATIONS AND INOCULATIONS – POLICY # 2065

At the time of application for admission to a school, parents must provide a written history of the child's vaccinations and inoculations.

Any time that 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. **If records of immunizations have not been provided within forty-five (45) calendar days from the student's first day of attendance, parents will be notified in writing of non-compliance with policy and exclusion of their child from school will follow after a fifteen (15) calendar day grace period until required documentation of immunizations and inoculations are provided to the Site Administrator.**



INTERNATIONAL SCHOOLS GROUP

ADMIN. REGULATION

REG. NO.: 2065

Adopted:

Last Revision: 5/04

Last Revision Effective: 9/25/04

Last Review: 11/06

Next Review: 11/09

VACCINATIONS AND INOCULATIONS

As a condition for attendance, ISG requires that children be immunized against the following diseases:

DISEASES

Diphtheria

Tetanus

Polio

Measles

Mumps

Rubella (German measles)

Tuberculosis

Meningococcal ACWY

MINIMUM DOSES

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

One (1) inoculation

A second inoculation between the ages of 14 - 16

BCG Vaccine or TB skin test within the last year

One (1) Every 3 years

Board Policy #2060 & #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.

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



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HEALTH INVENTORY

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.

MEDICAL HISTORY (Please complete and sign)

Student's Name (Last, First, Middle)		Date of Birth	Class
Father's Name	Mother's Name		Work Phone #
Father's Mobile	Mother's Mobile		Home Phone #

Please check answers to questions 1 through 8 below .
Please explain any "YES" answer in the space provided below.

1	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Any concerns about general health (eating and sleeping habits, etc.)?
2	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Any other specific illness or social/emotional or behavioral problems?
3	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Any <u>allergies</u> (food, insects, medication, etc.)?
4	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Any prescription medication (daily or occasionally)?
5	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Any problems with vision, hearing or speech (glasses/contacts, ear tubes/hearing aid)?
6	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Any hospitalization, operation or major illness (specify problem)?
7	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Any significant injury or accident (specify problem)?
8	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Would you like to discuss anything about your child's health with the school nurse.

To Parent/Guardian: Please explain any "YES" answer from above.

9	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If your child becomes ill at school, the school nurse would like your permission to give paracetamol based medication at her discretion.
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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

P.S.: PLEASE ATTACH A COPY OF YOUR CHILD'S VACCINATION/INOCULATION CARD. ONCE IT HAS BEEN ASSESSED BY THE SCHOOL NURSE, SHE WILL SEND YOU THE MEDICAL FORM WHICH HAS TO BE COMPLETED, SIGNED AND STAMPED BY A QUALIFIED MEDICAL DOCTOR



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)



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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

VOLUNTEER APPLICATION

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: _____



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ISG-JUBAIL COMMUNITY RESOURCE QUESTIONNAIRE

Date _____ Name _____ Phone _____

I am qualified and willing to help others by:

- Tutoring primary students (all subjects)
- Tutoring intermediate students (all subjects)
- Tutoring junior high students (specific subjects) _____
- Teaching or tutoring ESL students (I am / am not a certified ESL teacher)
- Teaching / training students with speech and / or hearing impairments
- Tutoring special education students
- Teaching piano lessons
- Tuning pianos
- Teaching aerobics
- I am interested in assisting in the computer lab
- I speak and write languages other than English and I would be willing to help with translations

Languages spoken _____

Languages written _____

- I am a registered nurse
- I am willing to come to school to discuss a special trip I have taken to _____
- I am willing to come to school to discuss my job or a special aspect of my job. Please describe:

- I play the piano and am willing to accompany classes for plays and programs
- Please indicate other areas of specialty that may be of interest to our students _____
