

KING FAHD CENTRE, MONTESSORI AND DAYCARE



AQRABIA, SAUDI ARABIA.

CR NUMBER: 2051063604

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PHOTO OF CHILD

REGISTRATION FORM FOR YEAR 2023 - 2024

PLEASE READ THE FORM CAREFULLY AND FILL IN THE DETAILS:

REGISTRATION NUMBER: _____ DATE: _____

ADMISSION SOUGHT FOR: _____ TRANSPORT: _____

MORNING: 8 am to 12 noon EVENING: 1:00 pm to 5:00 pm

SECOND LANGUAGE: ARABIC / URDU / HINDI

NAME OF THE STUDENT: _____

(AS PER PASSPORT/ IQAMA)

DATE OF BIRTH: _____ GENDER (F/M): _____

NATIONALITY: _____ ISLAM/OTHER: _____

STUDENT IQAMA NUMBER: _____

FATHER'S IQAMA NUMBER: _____

ADDRESS: _____

FATHER'S NAME: _____ FATHER'S NUMBER: _____

EMAIL ID: _____

MOTHER'S NAME: _____

MOTHER'S NUMBER: _____ EMAIL ID: _____

TRANSPORTATION

SCHOOL TRANSPORTATION: YES / NO PARENT/ GUARDIAN 'S NUMBER: _____

SHARE YOUR CURRENT LOCATION ON THIS MOBILE NUMBER: +966 552115492

EMERGENCY CONTACT PERSON'S NAME: _____

RELATIONSHIP: _____ MOBILE NUMBER: _____

PHOTOCOPIES OF CHILD'S PASSPORT/ IQAMA, PASSPORT SIZE PHOTOS (4), BIRTH CERTIFICATE, BIRTH VACCINATION CARD AND FATHER'S IQAMA

DETAILS OF PREVIOUS SCHOOL ATTENDED

SL NO.	NAME OF SCHOOL	YEAR	GRADE	SYLLABUS

HOSPITAL DETAILS IN EMERGENCIES

NAME OF HOSPITAL: _____ DOCTOR: _____

MEDICAL INSURANCE COMPANY: _____ POLICY NO. _____

FILE NO. _____ PLEASE MENTION IF ANY HEALTH ISSUES: _____

HEALTH DECLARATION FORM

I _____ PARENT OF _____ WILL NOT SEND MY CHILD TO THE CENTRE UNTIL WELL IF HE/SHE HAS ANY INFECTIONS SUCH AS COLD/ COUGH/ FEVER, ALLERGIC REACTIONS, SKIN DISEASES, etc. IF THE INFECTIONS ARE CONTAGIOUS, I WILL INFORM THE TEACHER/ MANAGEMENT BEFOREHAND.

THE MANAGEMENT AND THE STAFF WILL NOT BE HELD RESPONSIBLE FOR ANY ILLNESS OR SYMPTOMS RELATED TO ANY ON-GOING INFECTIONS SUCH AS FEVER, COUGH, COLD OR COVID-19.

NOTE: IF YOUR CHILD HAS COLD/ COUGH/ FEVER, YOU ARE REQUESTED TO KEEP THE CHILD AT HOME. THE CHILD WILL RESUME CLASSES AFTER A WEEK WITH A MEDICAL REPORT FROM THE DOCTOR.

SIGNATURE OF THE PARENT

DATE: _____

RULES AND REGULATIONS OF THE CENTRE

1. **ACADEMIC YEAR 10 MONTHS**: TUTION AND TRANSPORTATION FEE HAS TO BE PAID FOR 10 MONTHS IN 2 INSTALLMENTS OR EVERY TWO MONTHS IN ADVANCE BEFORE 7TH OF THE MONTH.
2. REGISTRATION, BOOKS, UNIFORM, HYGEINE, STATIONARY, DIARY AND ID CARD FEE IS **FOR TWO TERMS** WHICH SHOULD BE PAID IN FULL AT THE TIME OF REGISTRATION.
3. THE CHILD SHOULD COME TO SCHOOL NEAT AND CLEAN (BATHED, WITH IRONED UNIFORM, POLISHED SHOES, NAILS CUT, HAIR COMBED AND TIED IF LONG HAIR) AT THE GIVEN TIMINGS, LATE COMERS WILL NOT BE ALLOWED.
4. THE ATTENDANCE IS COMPULSORY. IF THE CHILD IS ABSENT FOR MORE THAN 2 DAYS, PLEASE SEND A LETTER OF ABSENCE/ MEDICAL CERTIFICATE.
5. THE RULES AND REGULATIONS HAVE TO BE FOLLOWED BY THE PARENTS/ GUARDIAN.

NOTE:

1. THE TUTION, REGISTRATION, TRANSPORTATION FEE ONCE PAID **WILL NOT BE REFUNDED**.
2. **TEN MONTHS ACADEMIC YEAR FEE IS COMPULSORY. THE STUDENTS GOING ON VACATION DURING THE ACADEMIC YEAR WILL HAVE TO CLEAR ALL THE DUES.**

SIGNATURE OF THE PARENT

DATE: _____

DECLARATION BY PARENTS/ GUARDIAN

1. I _____ FATHER/ GUARDIAN OF _____ STUDYING IN ML _____ SEC ____ HEREBY DECLARE THAT THE PARTICULARS GIVEN ABOVE ARE CORRECT AND I FULLY UNDERSTAND THE RULES AND REGULATIONS OF THE CENTRE. I'LL ABIDE BY THE RULES AND FOLLOW IT.
2. SCHOOL RELATED ACTIVITIES ARE POSTED ON OUR SCHOOL'S WEBSITE AND SOCIAL MEDIA. I AGREE THAT I'VE NO PROBLEM IF MY CHILD'S PHOTOS AND VIDEOS ARE POSTED.

SIGNATURE OF THE PARENT

DATE: _____

TRANSPORTATION FORM

NAME OF THE STUDENT: _____ LEVEL _____

FATHER'S NAME: _____

FATHER'S MOBILE NUMBER: _____

MOTHER'S NAME: _____

MOTHER'S MOBILE NUMBER: _____

AREA NAME: _____

ADDRESS: _____

SHARE YOUR CURRENT LOCATION ON THIS MOBILE NUMBER +966 552 115 492

DRIVER'S NAME: _____

DRIVER'S NUMBER: _____

NOTE: TRANSPORTATION IS AVAILABLE TWO WAYS ONLY.

SIGNATURE OF THE PARENT

DATE: _____