

Student Photo



GOOD WILL CHILDREN PRIVATE SCHOOL

Admission Form 2026-2027

STUDENT DETAILS				
Date:	Grade applying for:			
Student's First Name: (As per passport)	Middle Name :	Surname:		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Religion: <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Other			
Date of Birth ____ / ____ / ____ DD/ MM/ YYYY	Country of Birth			
Mother Language	Nationality:			
	Second Language :			
FAMILY INFORMATION				
Father Name:	Mother Name:			
Nationality:	Nationality :			
Occupation:	Occupation:			
Email Address:	Email Address:			
Mobile#	Mobile#			
Additional Contact Person (family/friends)				
1.				
2.				
Current Residence Information: Area:/ Locality _____				
Section: _____ Street: _____ Plot No: _____				
Student is living with: Parents () Mother only () Father only () Others(Specify)				
Last School Attended	Last Grade Attended	Curriculum	Academic Year	Date of Leaving

The school tuition fees may be payable a year in advance or in 3 installments: Re-registration fee DHS1000 (non-refundable)

- 1st Installment: upon enrollment
2nd Installment: due on 5th December
3rd Installment: due on 5th March

Student's Name: _____ Grade: _____

Student has Internet: Yes No Student has Laptop: Yes No Use Private transportation Use School transportation

Remarks:

BRING YOUR OWN DEVICE

As you are aware that teaching and learning have taken a new turn towards E-learning where technology plays a very important role we request that all students from Grade 1 to Grade 8 are equipped with their own devices for example like a Tablet, iPad or Laptop so they can use in the school and at home. Also please make sure to enable the device with the following specifications.

The device minimum specifications are:

IPad / Tablet Specs	Laptop Specs
Samsung / Apple / Huawei etc.	Intel i5 or i7 (min Quad Core) processor
64 GB – 128 GB memory capacity	Windows 10 x 64-bit OS
4 GB of RAM	8 GB of RAM
At least Quad Core processors	At least a 500 GB hard drive (128 SSD hard drive preferred).
MS office 2016 installed	MS office 2016 Pro
Camera at least 8 MP Front and Rear	Camera at least 2MP
Network at least 5G LTE	Wireless networking adapter (for internet)
Maximum expandable memory at least 250 GB	HP / Dell / Lenovo / MacBook, etc. brand of laptop preferred.
Display Resolution HD	
Processor speed at least 2GHz	
Micro USB charging type	

Note to parents: Please ensure that this device is used only for school purpose and NO other apps or games are installed. This is for the students' safety as per our school online safety policy.

Agreement Form

I acknowledge the following statements

Please indicate if you agree or disagree with the statements below

My house has access to internet, a computer and printer to support my child's learning and development	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
My child has been acknowledged not to open unsuitable websites and will strictly adhere to Good Will Children Private School. Internet Policy. Violating this will have severe consequences	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
My child can use the toilet independently	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
My child is differently-abled and is a student of determination (Special Needs)	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
I agree that, if selected, my child's photograph or work maybe published to celebrate school activities or advertising on the school website, school newsletters, Facebook, Instagram or any associated website subject to the school rules. Also Please note that events/activities can be live on the school social media accounts. Also please notify the school if you need to change your selection.	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
I ensure that my child will follow all school rules including during field trips and on the school transport.	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
I confirm that I have read and explained the Student Code of Conduct to my child and we have signed it.	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
I agree to pay the fees regularly and timely in order to avoid any inconvenience in claiming benefits	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
I allow the school registered nurse to administer Non-prescribed medications: <ul style="list-style-type: none"> • Paracetamol to control mild pain and fever • Application of Pain killer cream • Application of antihistamine cream • Administration of Epinephrine in an acute allergic reaction (anaphylactic shock) • Administration of Salbutamol inhaler to control asthmatic symptoms. • Administration of oral Glucose for hypoglycemia. • Others, please specify: 	Agree <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Disagree <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I acknowledge that my child be transferred to hospital in the case of severe emergency without permission from the parent beforehand. This will only be applied in severe cases determined by school nurse or school management.	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
I hereby grant permission for my child to attend all educational trips. Whilst appreciating your assurance for the safety of my child, I undertake not to hold the school/staff liable for any damage, injuries or accidents due to any unforeseen circumstances.	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>

1. I hereby undertake not to ask, or make a claim for the refund of the registration fee, once paid / deposited in the Bank, under any circumstances and for any reason whatsoever.
2. I declare that all information given in this form is true and correct, and that all documents provided by me are authentic.

Name: _____

Signature _____

Parent/Guardian (In case of Guardian, please mention name and relationship with the child and Passport No.)



Good Will Children Private School Student Code of Conduct (2026-2027)

At Good Will Children Private School, we always care and show respect for each other. We achieve this when:

- We speak politely and courteously to everyone.
- We always walk when moving in and between buildings.
- We always try to do our best.
- We always listen to adults and other children.
- We look after and show respect for the school's and each other's property.
- No form of bullying, whether physical or verbal, is acceptable.

Based on the Code of Conduct, the following expectations outline how to behave in and around the school.

Expectations around the school: -

- To walk through the school sensibly and quietly
- To walk on the left-hand side of any stairs and corridors sensibly, safely, and quietly
- To stop at doorways to let adults pass through
- To tell the truth and to be honest and fair
- To take pride in the work displayed around the school.
- To respect staff and pupils during lessons and at playtimes
- To be polite towards staff and pupils
- To look after the school building and all equipment with care and respect
- To keep our School tidy
- To be kind and helpful toward one another to make Good Will Children Private School a friendly and happy school.
- Wear the proper school uniform neatly and have the correct kit for PE.

Expectations concerning work and learning: -

- To be punctual and prepared for lessons.
- To raise a hand before contributing to whole class discussions
- To cooperate with others
- To listen attentively to adults and other pupils in the class
- To attempt tasks independently
- To try to achieve the highest possible standard.
- To attempt the given task without wasting time
- To complete homework tasks within the required time.
- Students must use Laptops, iPads and tablets responsibly, adhering to school guidelines to ensure online safety
- Refraining from any misuse of devices during school hours

Parent/ Student Signature: _____ Date: _____



Student's Name:.....
School:.....Grade:..... Section:.....
DOB:.....
Nationality:.....
Student's No:.....
Emirates ID No:

اسم الطالب:.....
المدرسة:.....الصف:.....الشعبة:.....
تاريخ الميلاد:.....
الجنسية:.....
رقم الطالب المدرسي:.....
رقم الهوية الإماراتية:.....

I, the undersigned, agree that health services shall be offered in the school's clinic for my son/ daughter by the school nurse.

أنا الموقع أدناه أوافق على تقديم الخدمات الصحية لابني/ ابنتي في عيادة المدرسة بواسطة ممرض/ة الصحة المدرسية.

I also agree that these health services will remain provided to my son/daughter and effective until I either refuse these health services or he/ she is transferred from the private and charter school.

أنا موافقتي على هذه الخدمات الصحية تبقى سارية المفعول لحين أقوم أنا برفض تقديم هذه الخدمات لابني/ ابنتي أو لحين انتقاله / انتقالها من المدارس الخاصة والشراكات التعليمية.

My consent involves a general approval of curative and /or preventive services that may include first aid, screening for height, weight, vision acuity, colour blindness (for Grade 5 students only), vaccination, and referral to primary health care centres or emergency room when necessary& to administer the following emergency medications when needed:

أن موافقتي على هذه الخدمات الصحية هي موافقة عامة على أي إجراءات وقائية وعلاجية، وتشمل على سبيل المثال، الإسعافات الأولية، قياس الوزن والطول، فحص حدة الإبصار، فحص عمى الألوان (لطلاب الصف الخامس فقط)، التطعيمات، والتحويل إلى مراكز الرعاية الصحية الأولية و قسم الطوارئ، وإعطاء الأدوية التالية عند الضرورة:

1. Paracetamol to control mild to moderate pain and fever.
2. Antihistamine cream (topical) for mild Allergy
3. Epinephrine in a severe allergic reaction
4. Ventolin Inhaler (Salbutamol) to control asthma symptoms.
5. Oxygen therapy in case of low oxygen concentration in the blood

1. بنادول(باراسيتامول) لتقليل الألم الخفيف والمتوسط وتخفيض الحرارة.
2. كريم موضعي لعلاج الحساسية البسيطة.
3. إبينيفرين في حالة الحساسية الحادة.
4. فنتولين بخاخ (سالبيوتامول) لعلاج أعراض أزمة الربو.
5. الأكسجين في حالة انخفاض نسبة الأكسجين في الدم

Please list any precautions or contraindications to the above medications that the school nurse needs to know:

الرجاء ذكر أي موانع لاستخدام الأدوية أو أي احتياطات طبية على الممرض / الممرضة أن يعرفها: .

(In case of refusal, the above services will not be offered except in emergency situations which require immediate intervention.)

(في حال عدم موافقتكم، يرجى العلم بأنه لن نستطيع تقديم هذه الخدمات عند حاجة ابنكم/ابنتكم لها الا في الحالات الطارئة التي تتطلب تدخلنا السريع.)

If my son/daughter needs to be transferred to the clinic or emergency room in either my absence or the legal guardian's absence, then I authorize the school to transfer him/her as needed.

إذا أصيب ابني/ ابنتي بأي حالة طارئة تستدعي النقل الى العيادة أو الطوارئ، ولم أكن متواجداً أو من ينوب عني، فاني أعطي الصلاحية لإدارة المدرسة لنقله/ نقلها حسب الحاجة.

I also understand that the medical record is a confidential document. Reporting of medical information to other entities is subject to DOH data management and standards requirements policy.

إن الملف الصحي وثيقة سرية . يخضع الإبلاغ عن المعلومات الطبية إلى الجهات الأخرى لسياسة إدارة البيانات ومتطلبات دائرة الصحة لإمارة أبوظبي.

The following school personnel will be notified about my child's medical condition

سيتم اعلام أفراد الكادر المدرسي التالي ذكرهم عن حالة ابني/ ابنتي الصحية:

- School Personnel that have contact with my child
 School administration only

- أفراد الكادر المدرسي المخالط لابني/ ابنتي
 أفراد الادارة المدرسية فقط

Name of student's Parent / guardian:

اسم ولي الأمر.....

Signature of student's Parent / guardian...

توقيع ولي الأمر.....

Relation to the student:

صلة القرابة.....

Tel #:

رقم الهاتف.....

Date:

التاريخ:.....

I agree that health services will be offered for my son/ daughter in the school

أوافق على تقديم الخدمات الصحية لابني/ ابنتي في المدرسة

I don't agree that health services will be offered for my son/ daughter in the school

لا أوافق على تقديم الخدمات الصحية لابني/ ابنتي في المدرسة

Dear Parent / Guardian:

عزيزي ولي أمر الطالب/الطالبة:

Please fill out this form about your son/daughter's health condition.
Answer Yes or No, if your answer is yes please provide dates and more details in the guardian's comments box..

يرجى تعبئة هذه الاستمارة عن صحة ابنكم/ابنتكم يرجى تعبئة هذه الاستمارة عن صحة ابنكم/ابنتكم بالاجابة بنعم أو لا. اذا كانت الاجابة نعم الرجاء كتابة التواريخ و التفاصيل في خانة الملاحظات مع مراعاة الدقة ، حتى تتمكن من متابعة حالته/حالتها الصحية مع تمنياتنا للجميع بالصحة والعافية.

Student's Name:.....

School:.....Grade:.....Section:.....

DOB:.....

Student's No:.....

Nationality:.....

Emirates ID No:

اسم الطالب:.....

المدرسة:.....الصف:.....الشعبة:.....

تاريخ الميلاد:.....

رقم الطالب المدرسي:.....

الجنسية:.....

رقم الهوية الإماراتية:.....

	Health Problems / المشاكل الصحية	Yes/نعم	No/لا	Comments/ملاحظات
1	Has the student suffered from any allergy? Medication, food, Dust. Please specify هل يعاني الطالب/ة من أية حساسية دواء / أطعمة / أبخرة يرجى ذكرها؟			
2	Does the student suffer from heart diseases? هل يعاني الطالب/ة من أمراض القلب؟			
3	Does the student suffer from diabetes? هل يعاني الطالب/ة من مرض السكري؟			
4	Does the student suffer from hypertension (high blood pressure)? هل يعاني الطالب/ة من مرض ارتفاع ضغط الدم؟			
5	Does the student suffer from Bronchial Asthma? هل الطالب/ة مصاب بالربو؟			
6	Does the student suffer from chronic kidney diseases? هل يعاني الطالب/ة من أمراض الكلى المزمنة؟			
7	Does the student suffer from chronic urinary tract infection? هل يعاني الطالب/ة من التهاب المجاري البولية المزمن؟			
8	Does the student suffer from epilepsy? هل يعاني الطالب/ة من مرض الصرع؟			
9	Does the student suffer from G6PD (beans anemia)? هل الطالب/ة مصاب بمرض أنيميا الفول (تكسر الدم)؟			
10	Does the student suffer from Thalassemia, Sickle cell, Hemophilia? Please specify هل الطالب مصاب بأي من أمراض الدم الوراثية (الثلاسيميا، الانيميا المنجلية، الهيموفيليا) يرجى ذكرها			
11	Does the student suffer from recurrent nose bleeding? هل يعاني الطالب/ة من رعاف متكرر (نزيف الأنف)؟			
12	Does the student suffer from any skin diseases? هل يعاني الطالب/ة من أية أمراض جلدية؟			
13	Does the student suffer from eye diseases (e.g. Hyperopia or Myopia)? هل يعاني الطالب/ة من مشاكل صحية في العيون (طول نظر أو قصر نظر)؟			
14	Has the student had any previous surgery? Please specify هل سبق أن اجريت للطالب/ة عمليات جراحية؟ ما هي؟			
15	Has the student been admitted to the hospital? Please specify هل أدخل الطالب/ة للمستشفى من قبل؟ أذكر السبب			
16	Does the student use Assistive Medical Devices? (Hearing aid, Crutches, wheelchair..) Please specify هل يستخدم الطالب/ة أجهزة طبية مساعدة (سماعة طبية، عكاز، كرسي متحرك.....)؟ ما هي؟			
17	Has the student been infected with any infectious diseases such as Mumps, Measles or Chicken Pox, Please specify هل اصيب الطالب/ة بأحد الأمراض المعدية التالية: نكاف (خازباز) ، حصبه، الجدري المائي، يرجى ذكرها؟			
18	Does the student suffer from Bed-wetting/ incontinence? هل يعاني الطالب من التبول الليلي اللاإرادي؟			

If the student has any disease please answer the following questions :	إذا كان الطالب/ة يعاني من احد الأمراض المذكورة اعلاه أو غيرها يرجى الاجابة على الاسئلة التالية :
Name and date of diagnosis	اسم وتاريخ الإصابة بالمرض:
When was the last Attack:.....	متى كانت اخر أزمة صحية:.....
Regular medications: Yes <input type="checkbox"/> No <input type="checkbox"/>	هل يتناول الطالب/ة أي أدوية بشكل منتظم نعم <input type="checkbox"/> لا <input type="checkbox"/>
Medications Names and dosages details:	أسم الدواء:كمية وعدد الجرعات
Recommended Medications in case of : emergency	الأدوية الموصى بها في حالة الطوارئ:.....
Special precautions related to food:	احتياطات محددة من قبل الطبيب تتعلق بالتغذية:
Special precautions related to sport:	احتياطات محددة من قبل الطبيب تتعلق بالرياضة:.....
Recommendations from physician/ to be done during the school day:	توصيات محددة من قبل الطبيب لمرضى/ممرضة المدرسة للقيام بها أثناء اليوم الدراسي :

Kindly attach the Emirates ID and a Medical Report regarding the health problem, parents are responsible for informing the school nurse of any change and providing the necessary medical reports or contact with school nurse whenever it is necessary

ملاحظة: يرجى ارفاق صورة عن بطاقة الهوية و تقرير طبي عن الحالة المرضية، ان الاهل مسؤولون عن اعلام ممرض/ة المدرسة عند حصول اي تغيير في الحالة الصحية وتزويده بالتقارير اللازمة او التواصل مع ممرض/ة المدرسة عند الضرورة.

Name of Parent/ Guardian:

اسم ولي الامر:.....

Parent/ Guardian Signature:

توقيع ولي الأمر:

Contact Number:

رقم الهاتف:

Date:

التاريخ:

If any further queries, please contact the school nurse. Clinic Tel: رقم العيادة:..... في حال وجود أي إستفسار الرجاء الإتصال بممرض/ة المدرسة

Nurse's Name - اسم الممرض/ة:

ID: الرقم الوظيفي/.....