

Student Photo



GOOD WILL CHILDREN PRIVATE SCHOOL

Admission Form 2024/2025

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 AED 1000 (non-refundable)

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

ENROLLMENT PROCEDURE




ME-10, Mohammed Bin Zayed City
Mussafah, Abu Dhabi – U.A.E
GPS: 24.3303 – 54.5375


Tel: +9712 5534277
Fax: +9712 5524229
P.O. Box: 9652


E-mail: admission@gcps.ac.ae
Website: <http://www.goodwillschooluae.com>

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.



MEDICAL INFORMATION FORM

With regard to the health information details of your child, please fill out the following:

Student's Name: _____

Grade: _____

Father's Mob. No. _____

Mother's Mob No: _____

In Case of Emergency:

Contact Person Name: _____

Emergency contact No: _____

Medical History:

Please answer by indicating Yes or No if your child suffers from any of the following diseases.

If Yes, please give explanation in space below

Problems	Yes	No	Problems	Yes	No
Appetite Problems			Psychological Problems		
Gum and Teeth Diseases			Physical and mental Handicap		
Recurrent Ear Infections			Learning Difficulty		
Loss of Consciousness			Speech Problem		
Epilepsy			Visual Problem		
Bleeding Tendencies			Hearing Problem		
Bronchial Asthma			Sleeping Problems		
Tuberculosis			Health Aid Requirement (Hearing, Orthopedic, etc.)		
Heart Diseases			Deformities of Vertebral Column		
Kidney Diseases			Obesity		
Diabetes			Long Hospitalization		
Medical Restriction on Physical Activity			Surgical Operations		
Nocturnal Enuresis			Blood Diseases		

Current Health Status:

Current Health Problems:
Current Regular Medications:
Recommended Medication for Emergency:
Precautions for Sports or Food:

Allergy:

Medicine / Mention	
Food / mention	
Others / Mention	

Note: Please send a recent medical report if any health condition exists.

Infectious Diseases per School Entry

Infectious Disease	Infection		Infectious Disease	Infection	
	Yes	No		Yes	No
Diphtheria			Measles		
Tuberculosis			German Measles		
Infection Hepatitis (A)			Chickenpox		
Infection Hepatitis (B)			Mumps		
Intestinal Parasites			Poliomyelitis		
Scabies			Whooping cough		
			Meningitis		

Infectious Diseases during School Years

Infectious Disease	Date of Onset	Isolation Period		Remarks	Signature
		From	To		
Measles					
German Measles					
Chickenpox					
Mumps					
Whooping cough					
Diphtheria					
Tuberculosis					
Scarlet Fever					
Viral Hepatitis					
Meningitis					
Intestinal Parasites					
Scabies					
Others / Specify:					

Social History

Please mark Yes or No regarding the student and family.
If Yes, please specify in the notes column.

Problems	Yes	No	Notes
Divorce			
Polygamy			
Family Dispute			
Financial Problems			
Consanguinity			
Any Problem during Perinatal period for mother			
Other / mention			

Family History / Same Father and Mother

Number of sisters		Age				
Number of Brothers		Age				
The Order of Student among Brothers or sisters						

Family History / In case of Polygamy

Number of sisters		Age				
Number of Brothers		Age				
The Order of Student among Brothers or sisters						

Please mark (with an X) problems your child's family have now or may have had in past

	High Blood Pressure	Heart Diseases	Diabetes	Smoking	Other Problems / Specify
Father					
Mother					
Siblings					

VACCINATIONS

Type of Vaccinations	Yes	No	Date of last Booster
Diphtheria \tetanus\ pertussis الدفتيريا / الكزاز/السعال الديكي			
Measles\Mumps\ Rubella \ MMR الحصبة / النكاف / الحصبة الالمانية			
Polio شلل الاطفال			
Typhoid حمى التيفوئيد			
COVID-19 Vaccine			
Influenza Vaccine			



CONSENT 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"/>
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 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.)