



GHANA INTERNATIONAL SCHOOL, RIYADH
P. O. Box 61082, Riyadh 11565 K. S. A
Tel: 4654975/4654916/2884181
Fax: 4654975/ 4160448
E-mail: gis_school@yahoo.com
www.ghanaschool-riyadh.com
License No: 59/C



APPLICATION FOR ENROLMENT

Full Name: (AS IN PASSPORT) _____

Date of Birth: _____ Age by 1st August: _____

Gender: _____ Nationality: _____ Religion: _____

Last School Attended: _____

Grade Completed: _____ Year Completed: _____

Behaviour modifying

√ or x as appropriate

Eyesight

Hearing

Allergies

Medication

The Parent / Guardian

Name: _____ Relationship to the student: _____

Office Address: _____

Father

Iqama No.: _____ Expiry Date: _____ Passport No.: _____

Child:

Iqama No: _____ Expiry Date: _____ Passport No. : _____

Any other information: _____

Emergency Contact

Father's Mob. No.: _____ Mother's Mob. No.: _____

Home No: 1) _____ Emergency Contact No.) _____

Email: _____ Residential Address: _____

Siblings in GIS- Riyadh

Name: _____

Grade: _____

Name: _____

Grade: _____

Name: _____

Grade: _____

Parent's Signature: _____

Date: _____

Principal's Signature: _____

Date: _____

Registration Fee: Not Refundable

CONTRACT AND ARTICLES OF UNDERSTANDING

I, the undersigned Parent/ Guardian understand and accept that:

1. The School has the right to take any disciplinary action against my child including expulsion as a consequence of bad behaviour on my part or the child.
2. The School reserves the right to change any of its policies without prior notice if necessary.
3. The school fees must be paid by the stated deadline in the school calendar otherwise, my child may be refused entry to the school or lessons.
4. Knowing and complying with fee payment deadlines shall be my responsibility. The school has no obligation to remind me of my responsibility.
5. The fees agreed on must be paid regardless of any absences.
6. Prorata refunds of money paid may be considered only on the production of an exit-only visa/ an official transfer letter from sponsor/ employer.
7. I or my agent shall not come into the school without an appointment.
8. That my ward shall report to school not later than 7:00am and only leave after 1:00pm.
9. Failure to take my child later than 2:30pm, I shall pay a child minding fee of SR 30.00.

Parent's Name: _____

Signature: _____

Pupil's Name: _____

Grade: _____

Date: _____

INDEMNITY FORM

I, _____ being the lawful parent or guardian of

Do hereby agree that:

Ghana International School Riyadh (including its Board of Governors as elected or nominated from time to time, and / or any teachers or officials or employees or voluntary helpers of the school) shall have no responsibility whatsoever in respect of any injury caused to the above child.

- a) Whilst on the school premises outside the official school hours.
- b) At any other time, unless the said child is in the direct custody of one of the teachers or officials whilst on a recognized outing or function arranged by the school.
- c) To indemnify and keep indemnified the school in respect of any medical or other expenses arising from accidental injury to the child in the school premises.
- d) To indemnify and keep indemnified the school in respect of any loss of or damage to property belonging to the child in the school unless it is proved that the damage was intentionally caused by school official.

Name and Address of Parent / Guardian

Signature

Date: _____

REQUIREMENTS:

- ❖ ORIGINAL MINISTRY OF EDUCATION APPROVAL FROM PREVIOUS SCHOOL

- ❖ PASSPORT COPY OF :
FATHER
MOTHER
STUDENT (IF AVAILABLE)

- ❖ COPY OF IQAMA (ALL THE FAMILY)

- ❖ COPY OF BIRTH CERTIFICATE

- ❖ ORIGINAL REPORT CARD/CERTIFICATE FROM PREVIOUS SCHOOL FOR THE PAST 2 YEARS.

FOR STUDENTS COMING FROM OUTSIDE THE KINGDOM, REPORT CARDS MUST BE NOTARIZED BY THE PROPER MINISTRIES/ EMBASSIES.

- ❖ LETTER FROM THE PARENT'S / GUARDIAN'S SPONSOR IDENTIFYING THE PARENT/GUARDIAN.

- ❖ FOUR (4) PHOTOGRAPHS