



Academic Year 20__ - _____

1. PERSONAL INFORMATION

First Name:.....
 Father's Name/Second Name:.....
 Family Name:.....
 Gender: MALE FEMALE Nationality:.....
 Date/Place of Birth:.....
 Address:..... City:.....
 Phone Number:..... Email Address:.....

2. PVIOUS SCHOOL INFORMATION

Previous School Name:..... Country:.....
 Previous Grade (last Attended) According to Leaving Certificate:.....
 ID Card #.....
 Language(s) Spoken at Home: English Arabic Other
 Has your child ever skipped or been asked to repeat a school year?.....
 If yes, kindly provide details:

 Has your child been involved in any advanced, gifted/talented program, faced some sort of learning difficulty (speech/language therapy), or been tested for psychological purposes?
 Yes No If yes, kindly specify:.....

3. GUARDIAN'S/FAMILY DATA

1st Guardian (the primary contact the school reports to and sends official correspondences)
 Full Name (Dr.,Mr.,Mrs.,Ms.):
 Relationship to Student:Nationality:.....
 Occupation:.....
 Company Name:.....
 Work Address:
 Work Email:
 Home Address (District, Street, Blog, Floor):
 Personal E-mail:
 Mobile:.....Home Phone:

1st Guardian

Full Name (Dr.,Mr.,Mrs.,Ms.):

Relationship to Student:Nationality:.....

Occupation:.....

Company Name:.....

Work Address:

Work Email:

Home Address (District, Street, Blog, Floor):

Personal E-mail:

Mobile:.....Home Phone:

To receive important school-related SMS messages on your mobile, please choose one

1st Guardian 2nd Guardian Mobile Number.....

Status of Parents Married Separated Other.....

If separated, who has custody of child Mother Father

Siblings (if any)

Name	Grade	School	Academic Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. EMERGENCY CONTACTS OTHER THAN PARENTS

In case of emergency, who would you like the school to contact?

Name 1:.....Relationship:.....Phone:.....

Name 2:.....Relationship:.....Phone:.....

Name 3:.....Relationship:.....Phone:.....

I, the guardian, confirm all the above details to be correct.

Name:..... Signature :.....

5. FOR SCHOOL USE ONLY

Date of Application:.....Application N:.....

Student Computer N:.....Parent N:.....

School Lunch Yes No School Transportation Services Yes No Bus N:.....

Receipt Number - Application FeesDate:.....

Receipt Number - School Fees

Applying for Level.....2nd Language.....

Director's Signature Date.....

6. REQUIRED DOCUMENTS

After completing the school's application, medical and Webschool waiver forms, please bring in the below documents (**original and photocopy**) for ISC-Muscat to verify their authenticity and to keep the photocopies on file:

A-General Documents

- Four recent passport-sized photographs
- Student's valid passport (including valid residence visa for non-Omani students).
- Student's Resident Card (both sides) for non-Omani students applying to Grade 1 and above. Civil Number for non-Omani Students applying for KG-1KG2. No registration will be possible without a copy of the Resident Card/Civil Number.
- Birth certificate attested** and translated".
- Vaccination certificate.
- Father's and mother's Omani Identity Cards/valid Residence Cards (both sides).
- Father's and mother's valid passports (including valid residence visas for non-Omani parents).
- Guardians who wish for their children to use the school bus should give a clear address and indicate the location of the residence with an X on a map. We encourage parents to use Google map.

B-School reports and academic related documents

- Recent school report translated* and attested**
- End-of-Year report attested** and translated*
- If transferring from a school outside Oman: Oman Ministry of Education equivalency is required. No registration will be possible without final approval from MOE.
- If transferring from another school in Oman: educational portal transfer number/transfer letter issued by previous school is required. The registration is considered provisional until the transfer number is provided.

*Translation:

Translated to English or Arabic where necessary by an official translator in Oman.

**Attestation:

GCC countries:

- For GCC Countries (the U.A.E., Saudi Arabia, Qatar, Kuwait, and Bahrain) certificates should be attested by the relevant ministry in that country.

Other countries:

- The certificate should be attested by the Ministry of Education, the Ministry of Foreign Affairs and the Embassy of Oman in that country.



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First Name:.....

Father's Name/Second Name:.....

Family Name:.....

Date of Birth:.....

Grade:.....

1) Does your child currently take any medication?

Yes No

If yes, please specify reason, dose, and frequency

.....

2) Has your child ever been hospitalized?

Yes No

If yes, please explain.....

.....

3) Does your Child have any problems with his/her eyesight?

Yes No

If yes, please explain.....

.....

4) Does your Child have speech problems?

Yes No

If yes, please explain.....

.....

5) Does your Child have difficulty hearing?

Yes No

If yes, please explain.....

.....

6) Do you have any objection to the school doctor/nurse examining your child?

Yes No

7) Dose your child suffer from any of the following conditions?

Medical Condition	Yes	No	Medication
Asthma			
Diabetes			
Epilepsy			
Hot Fever			
Tuberculosis			
Eczema			
Heart Disease			

If there are others, please explain

.....

8) Does your Child have an allergy history? Yes No

If yes, circle the allergen(s) your child has

Eggs	Peanuts	Seafood	Wheat	Insects
Latex	Medication	Dairy Products	Fruits	Other(s)

please specify:

Circle the reaction(s) your child has.

Eczema	Rash	Hives	Eye Swelling	Hoarse Voice
Mouth Swelling	Wheezing	Vomiting/Diarrhea	Fainting	Other(s)

please specify:

Circle the reaction(s) your child has.

Eczema	Rash	Hives	Eye Swelling	Hoarse Voice
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please specify:

9) Has your child had any of the following inoculations?

If yes, please indicate in the date of the last vaccine.

Vaccine	Date of Last Taken Vaccine
BCG	
Hepatitis B	
MMR (measles, mumps, rubella)	
Chicken Pox / Varicella	
DPT (diphtheria, tetanus, pertussis)	
Polio (OPV)	
HIB (haemophiles influenza)	
Rotarix	
Hepatitis A	
Meningitis	
Typhoid	
If other(s), please specify	

10) as your child suffered from any of the following illnesses?

Disease	Yes	No	Year
Measles			
Mumps			
German Measles			
Chicken Pox			
Tuberculosis			
Whooping Cough			
If other(s), please specify			

11) Please list three people that can be contacted in case of accidents or other emergencies.

Name:	Phone:
Name:	Phone:
Name:	Phone:

If the school cannot get in touch with any of the designated persons, the student will be taken to the nearest hospital.

I, Mr./Mrs....., parent of the student.....
 Agree Disagree for the school to take my daughter/son, in Grade.....
 to the hospital in case of any emergency.

If your child is to be administered a medication from your doctor during school hours, it will be given to the school nurse first thing in the morning with an accompanying letter from you, the parents, or the doctor. It can be then collected from the clinic before going home. Please clearly write the child's name, class, time, and dose of the medication. Medicines are not to be kept with children. Students who are using the school's transportation can leave their medicines with the bus assistants.

I Mr./Mrs....., parent of the student.....
hereby certify that the information provided on this form is true and assume responsibility for any missing health-related information (illness and/or allergy), and I shall be responsible for and shall release and indemnify the school, its employees, from and against all liability arising from all illnesses or allergies my child has, and the consequences that might result.

I understand that any false or misleading information or significant omissions may entitle the school to reconsider my child's attendance at school. I agree to immediately notify the school should any illnesses develop.

Name:.....

Date:.....

Signature:.....

For School Use

Remarks:.....
.....
.....
.....
.....

Date Checked:...../...../.....**Dr./Nurse Signature:**.....