



The International School of Choueifat - Lahore

FOR SCHOOL USE ONLY

3 RECENT
PASSPORT SIZE
PHOTOGRAPHS

Photographs _____ Birth Certificate _____ Previous School Report _____ Admission Form Complete _____

Date of Test _____ May Register for _____ With: _____ 2nd Language _____

Signature: _____ Date: _____ St. Date _____

Accounts Officer (a) _____ Date _____ (b) _____ Date _____ Account No. _____

Data Officer _____ Date _____ Parent No. _____ Computer No. _____

Admission Process Complete (Registrar) _____ Date _____

FOR PARENT/GUARDIAN USE ONLY

Please submit with this application for the academic year 2010 - 2011, three recent passport size photographs and a copy of the passport or official birth certificate (giving the student's name) and recent school report.

Name: _____

Student's Given Name(s) *

Family Name*

Father's Name: _____

Sex: (M/F): _____ Religion: _____ Nationality (by passport): _____ Date of birth: _____

Language at home: _____ Other Language: _____ No. of Brothers: _____ No. of Sisters: _____

Previous School: _____ Country: _____ Previous class: _____

Applied to or attended a Choueifat School previously? _____ School Lunch (optional with extra fee): Yes/No: _____

Do you have any other Child/Children in ISC Lahore? Yes No If yes, please give below their names and classes:

i Name _____ Class _____ St. No. _____

ii Name _____ Class _____ St. No. _____

I Name of the parent/guardian to whom school reports and other correspondence should be addressed:-

(Dr./Mr./Mrs. _____): _____ Relationship : _____

Home / Mail Address : _____ Home Tel : _____

_____ Office Tel : _____

_____ Mobile Tel : _____

Business address : _____ Fax No : _____

_____ E-mail : _____

II Name of Other Guardian:

(Dr./Mr./Mrs. _____): _____ Relationship : _____

Home / Mail Address : _____ Home Tel : _____

_____ Office Tel : _____

_____ Mobile Tel : _____

Business address : _____ Fax No : _____

_____ E-mail : _____

Alternate contact numbers:

Name: _____ Relationship _____ Phone No. _____ Mob. No. _____

Name: _____ Relationship _____ Phone No. _____ Mob. No. _____

** according to the official government document or passport*

GUARDIAN'S GUARANTEE 2010-2011

I, _____ the undersigned Parent/Guardian of
(Please Print)
_____ (name of Student) understand and accept the
(Please Print)
following terms of enrolling the above named student at the International School of Choueifat- Lahore:

1. The 1st Installment of the tuition fee is payable by **May 31, 2010** and includes a non-refundable deposit of 8 weeks tuition fee.
2. The 2nd Installment of the tuition fee is payable by **August 16, 2010** (One week prior to August 23, 2010 the start of AY 10-11). If the second installment of fees is not paid before the first day of the first term, the child will not be accepted in the school until the fees are paid. In the event of non-payment after one week, the child's place at the school and any fees paid will be forfeited.
3. The 3rd Installment of the tuition fee is payable by **December 15, 2010**. If the 3rd Installment of fees is not paid by 15th December, the child will not be accepted in the school until the fees are fully settled.
4. For delayed payment, there will be a processing charge of Rs. 100/= per day till the date of payment from due date onwards.
5. **Books fee for KG1 to Grades 9** is payable before **August 23, 2010** which is the first day of first term of AY 2010-2011. The school will issue the book sets only to the students who paid for books. Grades 10 to 13 students will buy the books from the bookstore before the first day of first term according to the selection of their courses.

SIBLINGS DISCOUNT SCHEME is being introduced from the Academic Year 2010-2011 and will be as follows:

- First Child Full tuition fee
- Second Child 5 % discount in tuition fee
- Third Child 10% discount in tuition fee
- Fourth Child 15% discount in tuition fee

NOTE: After payment of the first installment, or the full fee, 8 weeks notice or 8 weeks fee in lieu of notice is required to withdraw a student before the end of the school year.
It is the guardian's responsibility to remember to pay the fees on time. It is not the school's responsibility to remind guardians when the fees are due.

Grades	Full Tuition AY 2010-2011	1 st Installment May 31, 2010	2 nd Installment August 16, 2010	3 rd Installment December 15, 2010
Registration fee for new enrollment	\$ 300			
KG 1	\$ 2,850	\$ 950	\$ 950	\$ 950
KG 2	\$ 2,895	\$ 965	\$ 965	\$ 965
Grades 1 - 5	\$ 3,210	\$ 1,070	\$ 1,070	\$ 1,070
Grades 6 - 9	\$ 3,615	\$ 1,205	\$ 1,205	\$ 1,205
Grades 10-11	\$ 4,020	\$ 1,340	\$ 1,340	\$ 1,340
Grades 12-13	\$ 4,125	\$ 1,375	\$ 1,375	\$ 1,375

- **Other Charges:** Books and Uniforms (payable in rupees only).

Signature of 1st/2nd Guardian: _____ Dated : _____

Medical Information

Grade _____

Age _____

In order to keep an up-to-date medical record on your child, it would be very much appreciated if you would answer the following questions:

Does your child suffer from any of the following conditions:

Condition	Yes	No	Does any other member of the family?
Asthma			
Diabetes			
Epilepsy			
Hay Fever			
Tuberculosis			
Eczema			
Epistaxis (nose-bleed)			
Allergies			
Other (specify)			

If suffering allergies, to what?(Drugs, food, etc.) _____

If your child does suffer from one of the above conditions, or any other, would you please list what kind of medication he/she requires. _____

Has your child had any of the following inoculations? If yes, please state in which year.

Vaccinations	Yes	No	When given
Polio			
Typhoid			
Cholera			
Measles			
MMR			
Meningitis			
Tetanus			
Whooping Cough			
Diphtheria			
Hepatitis – A , B			
Tuberculosis			

Any others? (Please state) _____

Has your child suffered from any of the following illnesses? (If yes, please give approximate dates or child's age).

Measles _____

Mumps _____

German Measles _____

Chicken Pox _____

Hepatitis _____

Whooping Cough _____

Any others? (Please state) _____

Does your child wear glasses? _____

Is there a history of colour blindness in your family? _____

Does your child have difficulty in hearing? _____

Has your child ever been hospitalized? If yes, when and what for?

Does the school have permission to give your child non-prescription medication, including Panadol?

Yes/No

Has your child had any severe illness/injury not previously mentioned? (If so, please give details and dates).

If your child is taking a prescription drug or any other medication and has to take it during school hours, would you please stress to your child the importance of bringing the medicine to the school doctor first thing in the morning. It can then be collected from the doctor before going home. Please write clearly your child's name, class, and time the medicine should be taken.

MEDICINES ARE NOT TO BE KEPT WITH CHILDREN.

Thank you for your co-operation.

The information that I have given about my child's/ward's health is correct at this time.

Signature of 1st/2nd Guardian _____

Date _____

Subject: Emergency Medical Attention

Dear Parents,

We wish to inform you of the procedure we will follow when we are treating a child who needs urgent medical attention:

1. In the eventuality that one of our students should suffer an injury requiring emergency treatment, the child will be taken to Jinnah Hospital. The school doctor will accompany the student to the hospital and stay with the child until a parent or another family member can be present.
2. You will be informed of our action by phone as soon as possible and requested to go to the hospital.
3. If you do not wish your child to be taken to the hospital in case of emergency without being consulted first, please fill out the second section of this document. Note that in the eventuality we cannot reach you to receive your consent, we will take the child to the hospital.

Thank you for your continuous support.
The Administration

Please tick **one** of the following options, and write your name and sign.

_____ I, undersigned _____ (in capital letters) wish for my child to be taken to Jinnah Hospital for emergency treatment and the school will let me know as soon as possible.

OR

_____ I, undersigned _____ (in capital letters) do not wish for my child to be taken to Jinnah Hospital. I wish to be informed first and then have the school act upon my decision.

The school will not be held responsible for any consequences due to the additional time necessary to reach me. In the event I cannot be reached, the school will take my child to the hospital without my consent.

Signature

(Relationship to the child)

Date

ISC Lahore **“Text Notification Service”** is used to convey any important notice on your cell phone. In case of an emergency situation or to inform you regarding our important updates, a text message will be forwarded to you on your given cell number.

“Text Notification Service” messages will be forwarded to you from cell No. **0343-4061900**. Please save this number in your cell phone as ISC Lahore. The number is NOT for call back or message back purpose, so please do NOT call back or message back on this number as calls or messages will NOT be answered.

In order to insure that we have a valid phone number where you can be reached at all times, please inform us of all phone number changes (house, mobile, office(s)).