

Guardian's Guarantee Form

I, _____ the undersigned Parent/Guardian of
(Please Write in Capital Letters)
_____ understand and accept the following
(Please Write in Capital Letters)
terms and conditions of enrolling the above named student at The International
School of Choueifat – Lahore:

1. The 1st installment of the tuition fees is payable as per the given schedule by the school and includes a non-refundable deposit of 8 weeks tuition fee.
2. The 2nd installment of the tuition fees is payable as per the schedule given by the school. If the second installment of fees is not paid within the stipulated time, the child will not be accepted in the school until the fees are paid.
3. The 3rd installment of the tuition fees is payable as per the schedule given by the school. If the third installment of fees is not paid by the stipulated time, the child will not be accepted in the school until the fees are fully settled.
4. In the event of delayed payments, the school policies instated at that time will need to be fulfilled before the child is accepted back.
5. **Delayed payments** will incur a processing charge of Rs. 150/= per day from due date until the date of payment **except for the 1st installment.**
6. 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.
7. 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.
8. The book / E-book fees (KG 1 - Grade 12) are to be paid before the classes start in August.

Parents, with more than one child attending the school, are eligible to the following policy:

- The eldest child pays full tuition
- Second child receives a 10% discount
- Third child receives a 15% discount
- Fourth child receives a 20% discount

Name & Signature of 1st Guardian _____

CNIC no. _____ Date _____

Name & Signature of 2nd Guardian _____

CNIC no. _____ Date _____

Name _____ Applied for Gr. _____

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: _____

Inoculations / Vaccination

Please state in which year and attach a copy of the vaccination record.

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

- 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 (parent)

(Relationship to the child)

Date

Emergency Medical Attention

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 Doctor's Hospital /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 come 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.

Please **tick one** of the following options:

I, undersigned _____ (in capital letters) wish for my child to be taken to Doctor's hospital / Jinnah Hospital. I wish to be informed first and then have the school act upon my decision.

OR

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

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.

Emergency Contact Number (other than parents)

Name _____ Relationship _____

Contact No. _____

Required Documents

- Two passport size photographs with blue background
- Passport / Nadra birth certificate copy
- Vaccination record copy as per application form
- CNIC copy of first and second guardian
- Previous school record if applying to KG 2 and above

Signature (parent)

(Relationship to the child)

Date

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