



## 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 2009 - 2010, 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 Address : \_\_\_\_\_ Home Tel : \_\_\_\_\_

Company Name : \_\_\_\_\_ Office Tel : \_\_\_\_\_

Business Address: \_\_\_\_\_ Mobile Tel : \_\_\_\_\_

Occupation : \_\_\_\_\_ Fax No : \_\_\_\_\_

Mail Address : \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### II Name of Other Guardian:

(Dr./Mr./Mrs. \_\_\_\_\_): \_\_\_\_\_ Relationship : \_\_\_\_\_

Home Address : \_\_\_\_\_ Home Tel : \_\_\_\_\_

Company Name : \_\_\_\_\_ Office Tel : \_\_\_\_\_

Business Address: \_\_\_\_\_ Mobile Tel : \_\_\_\_\_

Occupation : \_\_\_\_\_ Fax No : \_\_\_\_\_

Mail Address : \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### 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 2009-2010

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

1. The non refundable registration fee \$500 (or equivalent in rupees at the official rate of exchange), payable on registration of the student, is adjusted in the first tuition fee instalment.
2. The first instalment of the tuition fee is payable by August 18, 2008. For delayed payment, there will be a processing charge of Rs 100/= per day, to a maximum of thirty days, after which if the first instalment is unpaid:
  - I. the \$500 registration fee is forfeit.
  - II. the student's place in school is forfeit.
  - III. the student is considered a new applicant (placement, subject to availability).
3. The second instalment of the tuition fees is payable by December 08, 2008. For delayed payment, there will be a processing charge of Rs. 100/= per day, up to a maximum of thirty days, after which if the second instalment is unpaid, the student's enrolment in school will be discontinued and the student will not attend classes.
4. If an instalment is paid by cheque, and the cheque is returned or not cleared by the bank, then the terms of delayed payment of that instalment apply, and an additional processing charge of Rs. 1000/= is payable.
5. After payment of the first instalment, 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.

### ***FEE STRUCTURE*** ***Academic Year 2009-2010***

<i>Grade</i>	<i>Full Tuition</i>	<i>First Tuition Instalment by August 18, 2009</i>	<i>Second Tuition Instalment by December 15, 2009</i>
KG1-KG2	\$ 2,700	\$ 1,600	\$ 1,100
1-5	\$ 3,000	\$ 1,800	\$ 1,200
6-9	\$ 3,400	\$ 2,000	\$ 1,400
10-11	\$ 3,800	\$ 2,300	\$ 1,500
12-13	\$ 3,900	\$ 2,300	\$ 1,600

- **Fees** are paid in 2 instalments: August and December.
- \$500 **registration deposit** (non-refundable) is adjusted in the August payment.
- **Re-registration:** parents of current students must pay an advance of US \$500 every March to confirm a seat for the next academic year. This amount will be subtracted from the August payment.
- **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:

