



Al Afkar International School

2016 - 2017



وزارة التربية والتعليم
Ministry of Education



بإدارة الاستشاريون للتطوير المدرسي
managed by schooldevelopmentconsultants



A member of the **LWIS** network
عضو شبكة ليرنرز وورلد العالمية



ANNUAL FEES ACADEMIC YEAR 2016-2017

Level	Age Group	Tuition Fees	Books	Uniform
Daycare	01-03 yrs	9,000		
KG1	03-04 yrs	13,500	2000 (Stationary included)	350
KG2	04-05 yrs	14,500	2000 (Stationary included)	350
KG3	05-06 yrs	15,000	2250 (Stationary included)	350
Grade 1	06-07 yrs	16,000	2,250	400
Grade 2	07-08 yrs	16,000	2,250	400
Grade 3	08-09 yrs	17,000	2,250	400
Grade 4	09-10 yrs	18,000	2,250	450
Grade 5	10-11 yrs	18,500	2,250	450
Grade 6	11-12 yrs	19,000	2,500	450
Grade 7	12-13 yrs	19,500	2,500	450
Grade 8	13-14 yrs	20,000	2,500	450
Grade 9	14-15 yrs	22,500	2,500	450
Grade 10	15-16 yrs	23,500	2,750	450
Grade 11	16-17 yrs	24,500	2,750	450
Grade 12	17-18 yrs	26,000	2,750	450

* Bus fees are based on the location. For more information, please refer to Accounting Department

* Tuition Fees are due at the beginning of each term (1st Term payment before Sep. 15, 2016 and 2nd Term payment before January 15, 2017)

**** ALL ABOVE FEES ARE NON-REFUNDABLE ****



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عضو شبكة ليرنرز وورلد العالمية

Al-Mohandeseen Street (Behind IKEA), Al-Azizayah District

P.O.Box 2947 , Building No 2947 , Jeddah 23334 - 8658 , KSA

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شارع المهندسين (خلف ايكيا) ، منطقة العزيزية

ص.ب. 2947 ، بناء رقم 2947 ، جدة ، 23334 - 8658 ، المملكة العربية السعودية

Al-Afkar International School

Jeddah - Kingdom of Saudi Arabia
Supervised by Ministry of Education
Foreign and Private Education Department
Accredited by NCA
License No. 4351440104
Est. 1419 hijri



مدرسة الأفكار العالمية

جده - المملكة العربية السعودية
تحت إشراف وزارة التربية والتعليم
الإدارة العامة للتعليم الأهلي والأجنبي
المنهج الأمريكي : ان سي اي
ترخيص رقم ٤٣٥١٤٤٠١٠٤
تأسست عام ١٤١٩هـ

Registration Procedure

Date: _____

Academic Director

After assessing the learner _____, he has shown the skills up to the grade _____ level.

Therefore he will be accepted and placed in Grade _____.

Academic Director Signature

School Principal

After checking the entire learner's paper and made sure that his file is complete. He will be accepted in Grade _____ and registered officially in the school and ministry system.

School Principal Signature

Director of Administration

After receiving above approvals, the learner is now registered officially in Grade _____.

Director of Administration Signature



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“we measure success one learner at a time”

REQUIRED DOCUMENTS

Please make sure to provide us with the following documents:

No.	Documents
1.	Four (4) recent pictures
2.	Application forms completely filled out.
3.	The ORIGINAL school report cards for the past three (3) years.
4.	An attested last report card from the Saudi Embassy , if transferred from outside the Kingdom of Saudi Arabia.
5.	Statement from transferring school stating the last taken exams results (needed only if the student is transferring during the year)
6.	Passport copy of student, mother and father.
7.	Copy of birth certificate
8.	Copy of vaccination card
9.	Copy of renewed Resident Permit (Iqama)
10.	Financial clearance from the last school attended

REGISTRATION FORM

Application Date: _____ Section (Boy's / Girl's) _____ Grade: _____
(DD / MM / YY)

Student Information

Name in English (printed) _____
(First Name) (Father's Name) (Family Name)

Gender (M/F): _____ Date of Birth: _____ Place of Birth: _____
(DD / MM / YY)

Nationality (as per Iqama): _____ Passport No. (if any): _____

Religion: _____ Mother Tongue: _____

Other language used at home: _____

Last school attended: _____ School Country: _____

Last class according to Leaving Certificate: _____

Which language does your child like to study as his / her second language? **Arabic** **French**

Do you want to use the school's transportation? (Yes / No) _____ (If YES, please attach map)

Are there any medical problems with your child: _____

Do you have other children attending AIS? _____ if yes, please list the name(s): _____

Parent Information

Name: _____ Relationship: _____

Nationality: _____ Passport No: _____

Occupation: _____ I.D / Iqama No. _____

Place of work: _____

Work Address: _____ Home Address: _____

Mailing Address: _____

E-mail: 1. _____ 2. _____

Telephone No: _____

(Home) (Mobile) (Office) (Fax)

Name: _____ Relationship: _____

Nationality: _____ Passport No: _____

Occupation: _____ I.D / Iqama No. _____

Place of work: _____

Work Address: _____ Home Address: _____

Mailing Address: _____

E-mail: 1. _____ 2. _____

Telephone No: _____

(Home) (Mobile) (Office) (Fax)

Emergency Contact Information (other than Parent / Guardian):

Emergency Contact Name: _____ Home Phone No: _____

Relationship to student: _____ Mobile No: _____

I _____ verify that the information given above is correct and the school will be informed in writing regarding any changes above.

Signature: _____

MEDICAL EMERGENCY AUTHORIZATION

I, the parent and guardian of the student _____
of Grade _____ (give / do not give) permission for my child to be taken to the
hospital / medical center if emergency treatment is required.

Parent / Guardian Name (Please print) : _____

Parent / Guardian's Signature : _____

Date : _____

MEDICAL FORM

Student Name : _____

Grade : _____ Date of Birth : _____

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:

Disease	YES	NO	Does any other member of the family suffer from these?
Asthma			
Diabetes			
Epilepsy			
Hay Fever			
Tuberculosis			
Eczema			
If yes, to what?			
Allergies to drugs, food etc.			

If your child suffers from one of the above conditions, or any other, please list what kind of medication he / she requires.

Has your child had any of the following inoculations? If yes, please fill in a day / month / year.

Vaccine	Booster 3	Booster 2	Booster 1	4 th Dose	3 rd Dose	2 nd Dose	1 st Dose
	Date	Date	Date	Date	Date	Date	Date
Polio							
DPT							
Measles							
BCG							
Hepatitis							
Others							

Has your child suffered from any of the following disease?

Disease	YES	NO	Year
Measles			
Mumps			
German Measles			
Chicken Pox			
Hepatitis			
Whooping Cough			

Any others? Please state : _____

Does your child wear glasses? _____

Does your child have difficulty in hearing? _____

Is there a history of blindness in your family? _____

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

Parent Signature
(over printed name)

Date

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

MEDICINES ARE NOT KEPT WITH CHILDREN

RESIDENCE LOCATION MAP
(TRANSPORT DEPARTMENT)

Please draw the map of the route of the location of your home:



Name of Student : _____ Grade : _____

Address: _____

Contact Nos. (Father) : _____ (Mother) : _____

Parent Signature : _____



OFFICIAL USE

Name of Driver : _____ Mode of Payment: _____

Name of Monitor: _____

Confirmed by : _____
Bus Supervisor