|  |
| --- |
| **Office use only** |
| Date: ………………….... |
| Term: …………….…….. |
| Class: …………..……….. |
| Teacher: ……………….. Start date: ………………..  |

**Registration Form**

Please provide **electronically** the following scanned documents to info@tlcoman.edu.om:

* passport photographs of child and parents/guardians

|  |  |
| --- | --- |
| Date: ............. | Term: .............. |
| Teacher: .......... |
|  | Registration |
|  | Update personal details |
|  | Create student file |
|  | Class register |
|  | GSM list |
|  | Email list |
|  | Birthday list |
|  | Name label |
|  | Registration form to T |
|  | Registration form to Lang. Ts |
|  | Update accounts |

* passports of child and parents/guardians with visa page
* ID card of child
* ID cards of parents/guardians
* child’s up to date immunization record
* child’s birth certificate
* transfer certificate from previous school
* school reports and examples of work stamped and signed by Principal/Head Teacher
* other assessments/reports

Part A – Pupil’s personal details

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name in full (as recorded on passport) |  | *In English:* *In Arabic:**Preferred name:* |
|  |  |  |  |
| 2 | Gender |  |  |
|  |  |  |  |
| 3 | Nationality |  |   |
|  |  |  |  |
| 4 | Place of birth  |  |   |
|  |  |  |  |
| 5 | Date of birth (dd/mm/yyyy) |  |   |
|  |  |  |  |
| 6 | Passport Number |  |   |
|  |  |  |  |
| 7 | Date of issue |  |   |
|  |  |  |  |
| 8 | Place of issue |  |   |
|  |  |  |  |
| 9 | Visa number (expatriate children only) |  |   |
|  |  |  |  |
| 10 | Religion |  |  |
|  |  |  |  |
| 11 | First language |  |  |
|  |  |  |  |
| 12 | Second language |  |  |
|  |  |  |  |
| 13 | Other languages spoken |  |  |
|  |  |  |  |
| 14 | Residential address |  |   |
|  |  |  |  |
| 15 | Number of brothers |  |   |
|  |  |  |  |
| 16 | Number of sisters |  |   |
|  |  |  |  |
| 17 | Child’s position in the family (eg eldest/youngest) |  |   |
|  |  |  |  |
| 18 | Names of siblings attending TLC |  |   |
|  |  |  |  |
| 19 | Days attending school (Nursery 1 & 2 only) |  | Sun Mon Tues Wed Thu |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Part B – Pupil’s school history

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name and address of current school |  |  |
|  |  |  |  |
| 2 | Contact name for current school |  |   |
|  |  |  |  |
| 3 | Contact number for current school |  |   |
|  |  |  |  |
| 4 | Other schools attended |  |   |
|  |  |  |  |
| 5 | Details of any assessments by an Educational Psychologist |  |   |

Part C – Father’s details

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name in full (as recorded on passport) |  | *In English:* *In Arabic:* |
|  |  |  |  |
| 2 | Nationality |  |   |
|  |  |  |  |
| 3 | Passport Number |  |   |
|  |  |  |  |
| 4 | Date of issue |  |   |
|  |  |  |  |
| 5 | Place of issue |  |   |
|  |  |  |  |
| 6 | Visa/ID number  |  |   |
|  |  |  |  |
| 7 | Religion |  |  |
|  |  |  |  |
| 8 | Residential address |  |   |
|  |  |  |  |
| 9 | Mobile phone number |  |  |
|  |  |  |  |
| 10 | WhatsApp Number (optional) |  |  |
|  |  |  |  |
| 11 | Work phone number |  |   |
|  |  |  |  |
| 12 | Home phone number |  |   |
|  |  |  |  |
| 13 | Email address |  |  |
|  |  |  |  |
| 14 | Name of employer |  |   |
|  |  |  |  |
| 15 | Job title |  |   |

Part D – Mother’s details

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name in full (as recorded on passport) |  | *In English:* *In Arabic:* |
|  |  |  |  |
| 2 | Nationality |  |   |
|  |  |  |  |
| 3 | Passport Number |  |   |
|  |  |  |  |
| 4 | Date of issue |  |   |
|  |  |  |  |
| 5 | Place of issue |  |   |
|  |  |  |  |
| 6 | Visa/ID number  |  |   |
|  |  |  |  |
| 7 | Religion |  |  |
|  |  |  |  |
| 8 | Residential address |  |   |
|  |  |  |  |
| 9 | Mobile phone number |  |  |
|  |  |  |  |
| 10 | WhatsApp Number (optional) |  |  |
|  |  |  |  |
| 11 | Work phone number |  |   |
|  |  |  |  |
| 12 | Home phone number |  |   |
|  |  |  |  |
| 13 | Email address |  |  |
|  |  |  |  |
| 14 | Name of employer |  |   |
|  |  |  |  |
| 15 | Job title |  |   |

Part E – Adults authorised to collect child from school

Please note that only adults with written authorisation from parents/guardians will be allowed to collect children from school. Passport photographs of each authorised adult must be provided.

I authorise the following adult(s) named below to collect my child ……………………………………………… (name of child) from school.

Adult 1

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name of adult in full  |  | *In English:* *In Arabic:* |
|  |  |  |  |
| 2 | Relationship to child |  |  |
|  |  |  |  |
| 3 | Mobile number |  |   |
|  |  |  |  |
| 4 | Work number |  |   |
|  |  |  |  |

Adult 2

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name of adult in full  |  | *In English:* *In Arabic:* |
|  |  |  |  |
| 2 | Relationship to child |  |  |
|  |  |  |  |
| 3 | Mobile number |  |   |
|  |  |  |  |
| 4 | Work number |  |   |
|  |  |  |  |

Adult 3

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name of adult in full  |  | *In English:* *In Arabic:* |
|  |  |  |  |
| 2 | Relationship to child |  |  |
|  |  |  |  |
| 3 | Mobile number |  |   |
|  |  |  |  |
| 4 | Work number |  |   |
|  |  |  |  |

Part F – Parent/Guardian Approvals

Please indicate your approval or not of the following by ticking the appropriate box.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
| Approval for your child’s photo to appear on the school website and on Class  |  |  |  |
| Dojo. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
| Approval for your child’s photo to appear in local media (newspapers,  |  |  |  |
| television etc.). |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
| Approval for your child to participate in school field trips and to be  |  |  |  |
| transported via in-house or outsourced school transport.Note: We will always ensure that children are responsibility supervised and that any transport used will provide 3-point seat belts and, where appropriate, child car seats will be used. |  |  |  |

Part G – Medical Issues

*Emergency contact details (person/persons to contact if parents/guardians are unobtainable)*

Contact 1

|  |  |  |
| --- | --- | --- |
| Name in full |  |  |
|  |  |  |
| Relationship to child |  |  |
|  |  |  |
| Contact details |  | Mobile: Landline: email: |

Contact 2

|  |  |  |
| --- | --- | --- |
| Name in full |  |  |
|  |  |  |
| Relationship to child |  |  |
|  |  |  |
| Contact details |  | Mobile: Landline: email: |

*Treatment consent*

Should your child need treatment for injury or illness while on the school premises we need your permission to administer appropriate treatment. Please indicate below which treatment you approve.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I approve the administration of first aid. |  |  | Yes |  | No |
|  |  |  |
| Where parents/guardian are unobtainable I approve taking the children to a hospital/clinic of TLC’s choice where seen to be necessary. |  |  |  |  |  |
|  |  |  |  |
|  | Yes |  | No |
|  |  |  |

*Immunisation record*

Please provide below confirmation that your child’s immunisations are up to date. This should be substantiated by a scanned copy of the child’s immunisation record.

|  |
| --- |
|  |

*Health record*

Please provide current details of your child’s health history.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Height |  | Weight |  | Blood Type |  |

Please indicate below with a tick (yes) or a cross (no) whether your child has experienced any of the listed conditions. If yes please provide fuller details in the space proved.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Chicken pox |  | Whooping cough |  | Visual difficulties |
|  |  |  |  |  |  |
|  | Mumps |  | Skin difficulties |  | Ear/hearing difficulties |
|  |  |  |  |  |  |
|  | Measles |  | Kidney issues |  | Speech difficulties |
|  |  |  |  |  |  |
|  | Rubella |  | Orthopaedic issues |  | Learning difficulties |
|  |  |  |  |  |  |
|  | Malaria |  | Tuberculosis |  | Regular medication |
|  |  |  |  |  |  |
|  | Hospitalisation |  | Heart problems |  | Exemption from school activities (eg PE) |
|  |  |  |  |  |  |
| Further details: |

Please note that children who have experienced the health issues listed below must meet with the Admin Manager in order to agree and implement an appropriate health care plan:

* Asthma
* Seizures
* Diabetes
* Allergies

|  |  |  |  |
| --- | --- | --- | --- |
| **Part E** Part H – Terms and conditions |  |  |  |
| *Registration Fees*Once admission procedures have been completed and an offer of a place has been issued and accepted, a Registration Fee becomes immediately payable: OMR 200 per year for Nursery One and Two places and OMR 360 per year for places from Nursery Three to Primary Six. The place will only be considered as taken on receipt of the Registration Fee. Tuition fees and registration fees are payable by the beginning of the term. Registration fees are non-refundable and non-transferrable. Fees are subject to possible revision on a yearly basis. *School policy regarding payment of term fees*All fees must be paid in full by the first day of term. Fees can be paid in cash, by cheque or bank transfer to: **Teaching & Learning Communities LLC; SOHAR INTERNATIONAL BANK S.A.O.G;****A/C 101020084481; Swift Code BSHROMRUXXX.**All bank charges are to be paid by the remitter. Parents are responsible for payment of all fees, regardless of any arrangement between parent and employer. Fees for the next academic year are subject to change. A surcharge of OMR 20 per registration will be applied if fees remain unpaid and there is no authorised payment plan one calendar month after the due date. A further surcharge of OMR 20 will be levied for each subsequent month for which the fees remain unpaid.*Full payment discount*Where registration fees and tuition fees for the year are paid in full **before** the beginning of the academic year, a discount of 3% is given. *Sibling discounts*Second siblings attending 5 days per week are eligible for a discount of OMR 75 per half year. Subsequent siblings attending 5 days a week are eligible for a discount of OMR 40 per half year.*Refund policy*School and Transport Registration fees are non-refundable and non-transferrable. Where notice is given in writing by parents who wish to withdraw their child from TLC prior to the commencement of the first or second half year (September to December = 1st half year; January to June = 2nd half year), tuition fees can be refunded for the coming half year. Refunds will not be given for the half year in session. Tuition fees are non-transferrable.*School books and resources*TLC provides books and resources at no additional cost. Parents are required to ensure that school reading and library books and subject text books (eg maths text books) are returned in good condition. Where books are lost or damaged a replacement fee (a minimum of OMR 5.000) will be incurred.*Force Majeure*TLC cannot accept liability in cases where TLC is unable to fulfil services to which they are contractually bound because of reasons beyond their control. |

|  |
| --- |
|  |

|  |
| --- |
| I ……………………………………………………………………………………….. (name of parent/guardian)have provided accurate, complete and up to date information in this document. I have also read and understood the terms and conditions detailed above and agree to be legally bound by them.Signed: ………………………………………………………………………… *Parent/Guardian*Name(s) printed: …………………………………………………………………………Date: ………………………………………………………………………… |
|  |

Note: Contact number for Ministry of Social Development - 97797389