

## Application Procedure Key Stage 4 (Years 10 and 11)

Key Stage 4 students follow a two-year GCSE/IGCSE curriculum. Students can only be admitted into these years at the beginning of the school year.

Year 11 is the second year of the two-year GCSE course. Entry is limited to those who have successfully completed the first year of the course and whose GCSE courses and examination boards match those at the College.

Year 10 applicants will be required to indicate their GCSE options before joining. The 2019/20 GCSE options booklet will be available from February 2019.

This application pack includes the application procedure, application form and medical form.

### COMPLETING THE APPLICATION FORM

- Please ensure that ALL sections of the application form are completed. Incomplete applications will not be processed.

- Payment and ALL supporting documents must be submitted at the time of application. This includes:

- Copy of applicant's passport
- Copy of Residence visa and Emirates ID (overseas students have 45 days from joining to submit)
- Most recent school report including last end of year report
- If available, a CAT4 report completed within the last six months
- Completed medical form including immunisation records
- If applicable, any learning support reports, such as Individual Education Plans (IEPs) or external assessments
- Two passport photos
- AED 800 Application Fee

- Failure to disclose any relevant information may compromise your child's application.

### ENTRY ASSESSMENT

- Once all application documents have been received, an entrance assessment will be scheduled. If you are able to submit a CAT4 test report, which has been completed at your child's current school within the last six months, this may not be necessary.

- In some circumstances, an interview may be required.

## OFFER LETTER

- Applicants will be placed on a waiting list if there are no places available at the time of application.
- Successful applicants will receive an offer letter and terms of acceptance by email. To accept the place, you must return the terms of acceptance, accompanied by a non-refundable tuition fee deposit of AED 9,000. This will be deducted from the first term's tuition payment.

## PAYMENT METHODS

Payment can be made by cash, cheque or credit/debit card at our Accounts office during the college's working hours. Payment can also be made via bank transfer. Please email a copy of the transfer receipt to [chiefaccountant@englishcollege.ac.ae](mailto:chiefaccountant@englishcollege.ac.ae) so that your payment can be tracked.

The English College bank details are as follows:

<b>Bank</b>	Emirates NBD, Dubai, UAE
<b>Account Name</b>	The English College Dubai
<b>Account No.</b>	1015369717201
<b>Swift Code</b>	EBILAEAD
<b>IBAN</b>	AE580260001015369717201

Please take into account any bank charges when you are making your payment.

## CONTACT US

If you have any questions, please contact the Registrar on [admissions@englishcollege.ac.ae](mailto:admissions@englishcollege.ac.ae) or by telephone on +971 4 394 3465.

# APPLICATION FORM

## for entry to **The English College**

To enable this application to be processed, please complete all sections of this form **IN BLOCK CAPITALS**

Email: admissions@englishcollege.ac.ae Tel: +971 4 394 3465



THE ENGLISH COLLEGE

D U B A I

الكلية الانجليزية  
دبي

PUPIL/STUDENT'S SURNAME/ FAMILY NAME

(as per passport)

PARENT'S SURNAME (if different from child)

PUPILS/STUDENT'S FIRST NAME(S) (as per passport)

DATE OF BIRTH

(day / month/ year)

AGE on September 1st

(on year of entry in years & months)

PLACE OF BIRTH

NATIONALITY

FEMALE

MALE

RELIGION

FIRST LANGUAGE

OTHER LANGUAGES

(fluent only)

If English is not your child's first language, how would you describe their knowledge of English?

Excellent

Good

Fair

Poor

YEAR GROUP APPLIED FOR

DATE OF ENTRY

NAME OF PRESENT SCHOOL

PRESENT YEAR GROUP

YEARS OF ARABIC

SIBLING(S) APPLIED

YEAR GROUP(S)

SIBLING(S) ALREADY ATTENDING  
THE ENGLISH COLLEGE

  
  

CLASS

  
  

SIBLING(S) ALREADY ATTENDING  
MANOR PRIMARY SCHOOL

  
  

CLASS

  
  

FOR ADMINISTRATION ONLY

APPLICATION RECEIVED ON

APPLICATION FEE RECEIPT NO

NOTES

## PARENT/ GUARDIAN DETAILS

	Parent / Guardian 1	Parent / Guardian 2
Relationship to Child		
Surname / Family Name		
First Name		
Nationality		
Occupation		
Company Name		
Telephone Numbers		
Mobile No.		
Home No.		
Work No.		
Overseas No. (with code)		
Email		
Emergency Contact Name and Telephone Number		
Full UAE postal address		
Full Overseas postal address		
Invoice address & details if different to above		
Telephone		
Fax		

**Muslim pupils must take Islamic Studies as an enhancement to their curriculum as directed by the UAE Ministry of Education**

**PRESENT SCHOOL DETAILS**

NAME OF PRESENT SCHOOL  YEAR

FULL POSTAL ADDRESS

EMAIL ADDRESS  TEL/FAX

**PREVIOUS SCHOOL DETAILS (please list)**

School and Country	Curriculum	Dates attended	Year/ Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please give details of any development problems and/or any medical/allergy conditions**

**HAS YOUR CHILD** (please tick the appropriate answer)

Been on any part of the UK Code of Practice/Special Needs procedure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been removed from the classroom for extra teaching support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been referred to an Educational Psychologist, Speech Therapist or Behaviour Optometrist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Encountered any difficulties, including behavioural, at his/her previous school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is it possible that your child may need special educational needs support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you ticked "Yes" to any of above, please give details and attach copies of any reports, including Individual Educational Plans (IEP's) and Educational Psychologist's Report (continue on a separate sheet if necessary). In order to be sure we can fully meet your child's needs at The English College, we ask that you submit, with your application, copies of any external assessments together with a report from the Learning Support Department at your child's current school (if applicable). Failure to declare any learning difficulties, or submit full details, may compromise your application and your child's Learning Support at the college. Whilst we look favourably on applications from Special Educational Needs (SEN) children, space within the Inclusion department permitting, we need to be sure that their needs are met in small groups, where programmes can be individualised as much as possible. An interview may be arranged with the SENCO to discuss the child's needs in person.

Does your child participate in any sporting, cultural and/or artistic activities? If so, please give details

Do you have any family connection to The English College? If so, please give details

Are there any other factors that, you feel, would enhance your child's application for a place at The English College?

Are there any family circumstances of which you feel we should be aware of (deceased parent/divorced/separated/adopted/other)? If so, please give details?

**IN ORDER FOR YOU TO PROCEED WITH YOUR APPLICATION YOU MUST AFFIX (please tick)**

A copy of applicant's Passport

\*Copies of the applicant's residence visa and Emirates ID is required as soon as they are issued

A copy of your child's most recent Full School Report  
(all subjects including Tutor comments) plus UK NC levels / GCSE / AS / BTEC grades as applicable

Two passport sized colour photographs

AED 800 non-refundable application fee (cash or cheque only)

\* The KHDA rules state that the residence visa copy from your child's passport must be submitted within 30 days of arriving in Dubai. This can be extended to 45 days but not beyond.

Students on a visit visa are not permitted to attend school. Their residence visa must be in process.

Transfer information from the applicant's previous school is required; this is done electronically, if moving from a school within Dubai. If applying from outside Dubai an attested transfer certificate is required for registration with the KHDA. Please refer to the sample letter in the information pack for countries that are exempt from attestation. If a child is starting mid-year a transfer certificate is required. The transfer certificate must be submitted on the student's first day of attendance. Registration with the KHDA will not be possible without these documents.

DECLARATION: I apply for entry to The English College for the above mentioned child. I have affixed all of the above information and I understand that all application and tuition fees are non-refundable and non-transferable. I declare that I am the child's parent/legal guardian and that, to the best of my knowledge, all information given is correct and complete.

Signature of Parent / Guardian

Date

Please return to  
the College Nurse



THE ENGLISH COLLEGE  
D U B A I  
الكلية الانجليزية  
دبي

## CONFIDENTIAL SCHOOL HEALTH ENTRY FORM

<b>Student's name:</b>	<b>Class:</b>	
<b>Date of Birth:</b>	<b>Gender:</b>	
<b>Phone numbers:</b>	<b>Mother's mobile:</b>	<b>Father's mobile:</b>
	<b>Mother's work no.</b>	<b>Father's work no.</b>
	<b>Home no.</b>	<b>Home no.</b>

School before joining The English College: .....

Has your child's **hearing** ever been tested? No ---- Yes ----

Any hearing difficulties? No ---- Yes ----

Describe .....

**Eyes** – has vision been tested? No ---- Yes ----

Describe any visual problems .....

Is your child **currently** being treated for any physical or psychological condition that the school nurse should know about? No ---- Yes ----

If yes, please describe: .....

.....

Is your child taking any permanent / long term medication? NO ---- YES ----

Medication: .....

Reason: .....

### Medical History

Serious past acute (short term) illnesses / Hospitalization's / Operations:

.....

.....

Long-term chronic illness/conditions: (e.g. diabetes, asthma) .....

.....

Physical / motor difficulties: .....

.....

Special needs / developmental concerns / learning difficulties? .....

.....

.....

**\*Please turn over**



**Permission for the medical team to administer the following medications:**

I consent to my child, \_\_\_\_\_ receiving the following medications at school:

Medicine	Yes / No	Medicine	Yes / No
Paracetamol (pain and fever)		Fenistil Gel (topical antihistamine)	
Ibuprofen (pain and fever)		Antiseptic wound spray	
Ponstan (pain relief)		Antiseptic cream	
Clarinase (antihistamine)		Mouth Ulcer Gel	
Claritine (antihistamine)		Arnical, Mobilat /Traumeel (topical to sprains, bruises, etc.)	
Motilium (nausea relief)		Rehydrate (for dehydration)	
Buscopan (pain relief)		Vicks Vaporub (respiratory congestion)	
Anti-acid (heartburn & indigestion)		Deep Heat (muscle pain)	
Prospan (cough syrup)		*Ventolin inhaler (if asthmatic))	NA
Strepsils (sore throat relief)		*Epipen (own medicine)	NA

By signing this consent, I also acknowledge that parents'/guardians' mobile numbers will be supplied to the Dubai Health Authority for the purpose of vaccination guidance. The Dubai Health Authority will notify parents/guardians when vaccinations are due (this is mandatory).

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**DUBAI HEALTH AUTHORITY SECTION:**



**Student's Emirates ID Number** (mandatory): \_\_\_\_\_

**Family history of** (please tick):

Diabetes  Hypertension  Psychological Disorders   
Stroke  Tuberculosis  Seizures  Heart Disease

History of Blood Transfusion? No  Yes

**Has your child suffered from any of the following in the past or present?**

Infectious Disease	Yes Date	No	Non-Infectious Disease	Yes Date & Detail	No
Diphtheria			Accidents/fractures		
Dysentery			Allergies		
Hepatitis			Asthma		
Measles			Congenital Heart Disease		
Mumps			Diabetes		
Poliomyelitis			Epilepsy		
Rubella			G6PD		
Scarlet Fever			Rheumatic fever		
Tuberculosis			Thalassaemia		
Whooping Cough			Headaches		
Chicken Pox			Nosebleeds		
Strep Throat			High fevers		
Other			Other		

**\*Please attach a current copy of your child's immunization record.** (D.H.A. requirement.)