



Abu Dhabi Grammar School(Canada)
Application Form 2025 - 2026



****PLEASE PRINT CLEARLY USING CAPITAL LETTERS**

Student Information		
Full Name (as in passport):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of birth _____ / _____ / _____ <small style="text-align: center;">Day Month Year</small>	Nationality:	Religion:
Home Address:	Grade Applying For <i>(Canadian System):</i>	
Why did you choose AGS?		
Applying for: Regular Arabic (<i>Arab</i>) (<input type="checkbox"/>) OR Special Arabic (<i>Non-Arab</i>) (<input type="checkbox"/>)	Date Applied: _____ / _____ / _____ <small style="text-align: center;">Day Month Year</small>	
Language Background		
First Language:	Other Spoken Language(s):	
Primary Language(s) Spoken at Home:		
Father's First Language:	Mother's First Language:	
Family Information		
Father's Name:	Mother's Name:	
Employer:	Employer:	
Occupation:	Occupation:	
Mobile Number:	Mobile Number:	
Work Number:	Work Number:	
Email:	Email:	
For School Administration Use Only		
Sibling <input type="checkbox"/> / Non-Sibling <input type="checkbox"/>	eSiS #:	Date received: _____ / _____ / _____ <small style="text-align: center;">Day Month Year</small>
Assessment Date: _____ / _____ / _____ <small style="text-align: center;">Day Month Year</small>	Time: _____	Date processed: _____ / _____ / _____ <small style="text-align: center;">Day Month Year</small>
Final Action: <input type="radio"/> Accepted/Registration <input type="radio"/> Accepted/Conditional <input type="radio"/> Denied	Into Grade: _____ <small>Notes:</small> _____ _____ _____	Additional Notes:
Approved by Registrar: <input type="checkbox"/> No <input type="checkbox"/> Yes—initial:	Principal: <small style="text-align: center;">signature</small>	

Siblings*Other siblings attending or applying to AGS*

Name	Gender	Date of Birth	Enrolled in AGS	Current Grade Level
			<input type="checkbox"/> Applying [<input type="checkbox"/> Attending	
			<input type="checkbox"/> Applying [<input type="checkbox"/> Attending	
			<input type="checkbox"/> Applying [<input type="checkbox"/> Attending	

Educational History*List all schools and dates attended (most recent school first)*

School	City & Country	Language of Instruction	Dates Attended	Grades Finished	Curriculum

Has your child ever been diagnosed with any health issues including; ADD (Attention Deficit Disorder), ADHD (Attention Deficit Hyperactivity Disorder), or any other learning, behavioural or emotional needs?
 No Yes. If yes, please explain and **ATTACH OFFICIAL REPORT:**

Does your child take any medication prescribed by a physician on a regular basis? No Yes. If yes, please explain:

Are there any other health, learning or behaviour issues about your child that we should be aware of?
 No Yes. If yes, please explain and **ATTACH OFFICIAL REPORT:**

Has your child ever been involved in any disciplinary cases? No Yes. If yes, please explain:

Has your child ever repeated a grade in school? No Yes. If yes, please explain:

Admission

By signing this agreement, I acknowledge that the decision regarding my child's admission to Abu Dhabi Grammar School (Canada) is final and cannot be appealed. I understand that the interview and assessment will be conducted only once, and all admission decisions are at the discretion of the school's admissions team and administration, with no obligation to disclose specific details regarding the decision. I confirm that the information provided in this application is accurate and authorize AGS to contact my child's current school. I also understand that any misrepresentation or withholding of records, particularly related to special needs, may result in delays, denial of admission, reversal of an admission decision, or expulsion if my child has already been enrolled.

Please note: A 100Dhs cash fee for the assessment is nonrefundable and must be paid. However, if your child is accepted and enrolled, this amount will be deducted from the total tuition fees.

Parent Name: _____

Parent Signature: _____ Date: _____



Abu Dhabi Grammar School (Canada)
Student Medical Information Form

Academic year: 2025- 2026

Photo of Student

Full Name of Student		
Date of Birth (dd/mm/yy)	Grade	
Father's Name	Mobile #	
Father's Email Address		
Mother's Name	Mobile #	
Mother's Email Address		
Home Phone #		
Another Contact Person For Emergency	Relationship	Mobile #
Consulting Doctor	Clinic	Phone #
Does your child have any of the following: If yes, please include details such as specific diagnosis, severity, current treatment and medications.		
<i>Condition</i>	<i>Yes/No</i>	<i>Details</i>
Asthma		
Diabetes		
Eczema		
Allergy (specify)		
Hearing difficulties		
Visual Aids		
Seizure disorder / Epilepsy		
Frequent infection		
Urinary incontinence		
Other (specify)		
Has your child had the following:		
Measles		
Mumps		
Rubella		
Chicken Pox		
Polio		
Hepatitis		
Other (specify)		
Please state any other medical information or concerns you know of about your child to enhance their school safety:		



Abu Dhabi Grammar School (Canada)
Accident / Emergency Treatment Consent Form

Permission for Treatment

I, _____, the parent/guardian of _____
in Grade _____, **consent** / **do not consent** to Abu Dhabi Grammar School (Canada) health
staff to administer basic first aid and minor analgesics, as needed.

I **give** / **do not give** the school authority to administer the prescription drugs left by me
under the direction of the school nurse, according to their specified written instruction.

I give / do not give permission to the school to take my child to the hospital in an emergency.

Child's Name: _____

Your Name: _____ Relationship: _____

Signature: _____ Date: _____

Please notify the school promptly of any changes in your child's health status or change in contact
details.

Thank you,

AGS Administration



Getting to Know You Questionnaire (KG1-Gr2 Applicants ONLY)

Dear Parents,

At AGS, we aim to understand your child's strengths and needs. This short questionnaire helps us learn about their development and behavior to support a smooth transition. All responses are confidential.

Instructions:

- Read each question carefully and circle **Yes** or **No** for each.
 - Feel free to provide additional comments in the space provided at the end of the questionnaire.
-

Questions

1. Does your child respond when their name is called?
 - Yes / No
2. Does your child make eye contact with others when talking or playing?
 - Yes / No
3. Can your child follow simple instructions (e.g., "Please bring me the ball")?
 - Yes / No
4. Does your child use words to express their needs or wants?
 - Yes / No
5. Does your child speak in full sentences?
 - Yes / No
6. Does your child use gestures more often than words to express themselves?
 - Yes / No
7. Does your child enjoy playing/engaging (talking) with other children?
 - Yes / No
8. Does your child engage in pretend play (e.g., pretending to cook, talking to a toy)?
 - Yes / No
9. Does your child enjoy being on their own more than being with others of the same age group?
 - Yes / No
10. Does your child adjust easily to new situations or environments?
 - Yes / No



11. Does your child seem sensitive to loud noises, textures, or bright lights?
 - Yes / No
12. Does your child repeat phrases or words that others say?
 - Yes / No
13. Does your child have difficulty transitioning from one activity to another?
 - Yes / No
14. Does your child sit still and focus on a task for an appropriate length of time (5 mins)?
 - Yes / No
15. Does your child show patience when it is needed (eg. taking turns, listening while others speak)?
 - Yes / No
16. Is your child able to point to objects to show interest or share experiences?
 - Yes / No
17. Does your child show interest in other people's emotions (e.g., comforting someone upset)?
 - Yes / No
18. Does your child have difficulty playing with toys in the way they are intended?
 - Yes / No
19. Does your child spend more than 30 mins a day watching TV or using tablets/iPads?
 - Yes / No
20. If your child is playing a game with others, do they often leave the game to wander off or lose interest?
 - Yes / No

If you answered "Yes" to any questions or have additional information about your child's behavior that you think we should know, please share below:

Thank you for taking the time to complete this questionnaire. Your responses are valuable to us and will help us better support your child's learning journey.



Commitment to Co-operate: Newly Enrolled Students at AGS

I, _____ [Your Name], guardian of _____ [Child's Name],
for enrolment in Grade ___ for the 2025-2026 academic year, acknowledge that his/her
registration is subject to the following agreement:

1. I understand that AGS operates under a set of rules and guidelines outlined in their *Code of Conduct*. It is expected that my child adheres to these principles to maintain a positive and respectful learning environment. In the event that my child fails to abide by the *Code of Conduct*, the school administration will conduct a thorough investigation and provide evidence of the violations. If, after careful consideration, my child's behavior is found to be inconsistent with the school's values, I understand that they will no longer be welcomed at AGS and may be dismissed.

***KG/Lower Elementary*

2. I confirm that my child is fully toilet trained and can use the washroom independently. I understand that if my child is not able to use the toilet independently at school, I will be asked to keep them at home until they are fully toilet trained.

By signing this letter, I agree to the conditions set out by the school.

Signature of Parent / Guardian: _____ *Date:* _____

Principal: Patrick Savage - Signature: _____ *Date:* _____