



Abu Dhabi Grammar School (Canada)  
Application Form 2026 - 2027



Student Information	
Full Name (as in passport):	Gender: [ ] Male [ ] Female
Date of birth ____ / ____ / ____ Day Month Year	Nationality: Religion:
Home Address:	Grade Applying For (Canadian System):
Why did you choose AGS?	
Applying For: ( ) Regular Arabic (Arab) <b>OR</b> ( ) Special Arabic (Non-Arab)	Date Applied: ____ / ____ / ____ Day Month Year
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:
<b>Transportation to/from School:</b> How will your child usually travel to and from school? <input type="checkbox"/> School bus ( <i>AGS transportation is provided up to Al Saada Street in Mushriff Area</i> ) <input type="checkbox"/> Parent drop-off / Pick-up <input type="checkbox"/> Taxi / Ride-share <input type="checkbox"/> Other (Please Specify):	
For School Administration Use Only	
Final Action: o Accepted/Registration o Accepted/Conditional o Denied	Into Grade: ____ Assessment Date: ____ / ____ / ____ Time: ____ Notes: ____ ____ ____
Approved by Registrar: [ ] No [ ] Yes-initial:	Principal Signature:

**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, learning, behavioural, or emotional condition (e.g., ADHD)? ☐ 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 behavioural 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 or repeated a grade? ☐ No ☐ Yes. If yes, please explain:

Has your child had an educational-medical assessment at another school that we can access through the ESIS system? ☐ No ☐ Yes. If yes, please explain:

**Admissions Agreement**

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 that all admission decisions are at the sole discretion of the school's admissions team and administration, with no obligation to disclose specific details of 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 concerning special needs, may result in delays, denial of admission, reversal of an admission decision, or expulsion if my child is already enrolled.

**Please note that a 100 Dhs cash assessment fee is nonrefundable, but if my 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: 2026- 2027*

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 #
<b>Does your child have any of the following:</b> 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)		
<b>Has your child had the following:</b>		
Measles		
Mumps		
Rubella		
Chicken Pox		
Polio		
Hepatitis		
Other (specify)		
<b>Please provide any additional medical information, allergies, or health concerns about your child that the school should be aware of to ensure their safety and well-being while at school:</b>		



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 administering basic first aid and minor analgesics, as needed.

☐ **Give** / ☐ **Do not give** the school authority to administer prescription drugs that I provide, under the direction of the school nurse, in accordance with my written instructions.

☐ **Give** / ☐ **Do not give** permission for the school to take my child to the hospital in the event of 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



## Commitment to Co-operate

I, \_\_\_\_\_ [Parent/Guardian Name], guardian of \_\_\_\_\_  
[Child's Name], enrolling in Grade \_\_\_\_\_ for the 2026–2027 academic year, acknowledge that  
registration is subject to the following agreement:

**1.** I understand that AGS operates under the rules and guidelines outlined in the Code of Conduct. My child is expected to adhere to these principles to maintain a positive and respectful learning environment. If my child fails to comply, the school administration will conduct a thorough investigation and provide evidence of any violations. Should my child's behavior be found inconsistent with the school's values, I understand that they may no longer be welcomed at AGS and could be dismissed.

**\*KG / Lower Elementary:**

**2.** I confirm that my child is fully toilet trained and can use the washroom independently. If my child is unable to do so, I understand that they will be asked to remain at home until 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:* \_\_\_\_\_ *Date:* \_\_\_\_\_



## 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.**