Abu Dhabi Grammar School (Canada)
Application Form | 2027 - 2028

Student Information		
Full Name (as in passport):		Gender: [ ] Male [ ] Female
Date of birth: ____ / ____ / _____ (Day / Month / Year)	Nationality:	Religion:
Home Address:		Applying for Grade: (Canadian System)
Why did you choose AGS?		
Applying for: ☐ Regular Arabic (Arab) ☐ Special Arabic (Non Arab)	Application Date: ____ / ____ / _____ (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:

Transportation

How do you plan for your child to arrive to and from school?

- ☐ School Bus (AGS transportation is provided up to Al Saada Street in Mushriff Area)
- ☐ Parent Drop-Off and Pick-Up
- ☐ Taxi/Ride-Share
- ☐ Other (Please Specify):_____

Siblings - *Other siblings attending or applying to AGS*

Sibling Name	Gender	Status at AGS	Grade
		☐ Applying ☐ Attending	
		☐ Applying ☐ Attending	
		☐ Applying ☐ 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 learning needs including; ADHD (Attention Deficit Hyperactivity Disorder), ASD (Autism Spectrum Disorder), Dyslexia, or any other learning, behavioural or emotional needs?	☐ Yes ☐ No
Has your child ever been on a support plan for learning / behaviour / other (specify) needs at their previous school(s)?	☐ Yes ☐ No
Is there anything else about your child's emotional, learning, or behavioural needs that would help us support them?	☐ Yes ☐ No
Does your child take any medication prescribed by a physician on a regular basis?	☐ Yes ☐ No
Has your child ever been involved in any disciplinary action at their previous school(s)?	☐ Yes ☐ No
Has your child ever repeated a grade in school?	☐ Yes ☐ No

If you checked 'yes' to any of the above questions, please provide more details below as well as provide an official document.

Admission Acknowledgement

By signing this form, I confirm that all the information I have provided about my child — including academic history, learning needs, medical needs, and any other relevant background — is true, complete, and accurate to the best of my knowledge.
I understand that Abu Dhabi Grammar School (Canada) makes admission decisions based on this information, along with the interview and assessment (which is conducted once). I give AGS permission to contact my child's current school to confirm what I've shared.
I understand that if it turns out I left out or misrepresented important information about my child — especially anything related to learning or support needs — the school has the right to review the admission decision. This could mean delaying a decision, withdrawing an offer, or, if my child is already enrolled, reviewing whether the placement is still appropriate.
I understand that admission decisions are made at the school's discretion, and the school is not obligated to share the specific reasoning behind a decision.

Parent Name: _____ Parent Signature: _____

Student Medical Information Form - *For School Clinic*

Full Name (as in passport):		
Date of birth: ____ / ____ / _____ (Day / Month / Year)	Grade:	Home Phone #:
Father's Name:		Mobile #: Add'l Phone #:
Father's Email Address:		
Mother's Name:		Mobile #: Add'l Phone #:
Mother's Email Address:		
Emergency Contact (Not Listed Above) Name:	Relationship:	Mobile #: Add'l Phone #:
Consulting Doctor/Clinic:		Phone #:

Does your child have or has ever had any of the following conditions?

If yes, please provide details such as diagnosis, severity, current treatment, and medications.

Condition	Yes	No	Details
Asthma			
Diabetes			
Eczema			
Allergy (specify)			
Hearing difficulties			
Visual Aids			
Seizure disorder/Epilepsy			
Frequent infection			
Urinary incontinence			
Other (specify)			
Measles			
Mumps			
Rubella			
Chicken Pox			
Polio			
Hepatitis			
Other (specify)			

Please provide any additional details, medical information, allergies, or health concerns about your child that the school should be aware of to ensure their safety and wellbeing while at school:

Accident | Emergency | Treatment
Consent Form

Permission for Treatment

I, the parent/guardian of the child named below, provide the following consent:

▢ **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 medication that I provide, under the direction of the school nurse and 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:_____

Signature:_____

Relationship:_____

Date:_____

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

Thank you,

AGS Administration

Commitment to Cooperate Agreement

I, the parent/guardian of the child named below, applying for enrolment at Abu Dhabi Grammar School (Canada), confirm the following commitments as part of my child's enrolment at AGS, in alignment with the AGS Parent Engagement Policy and ADEK Policy 28 (Parent Engagement and Relations).

1. Code of Conduct
I understand that AGS operates under the rules and guidelines outlined in the Code of Conduct, and I agree to model appropriate behaviour toward all members of the school community — including students, staff, and other parents — with courtesy, dignity, and professionalism. 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 behaviour be found inconsistent with the school's values, I understand that they may no longer be welcomed at AGS and could be dismissed.

2. Toilet Training (KG / Lower Elementary only)
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.

3. Disclosure of Information
I confirm that all information shared with the school regarding my child — including academic, medical, developmental, and behavioural information — is true and complete to the best of my knowledge, and that no important information has been withheld. I understand that admission may be reviewed or withdrawn at any point if information is later found to be untrue, incomplete, or inaccurate, or if relevant information was not disclosed.

4. Attendance & Punctuality
I agree to ensure my child arrives at school prior to 07:40 daily and to notify the administration by 08:00 AM in the event of an absence. I agree to avoid planning non-approved family travel during term time and to follow up on my child's academic performance and attendance record.

5. Academic Expectations & AI Literacy
I understand that my child is expected to meet grade-level academic expectations throughout their time at AGS. I understand that AGS does not provide tutoring or remedial support for previously taught material, and I accept responsibility for arranging private support to help my child meet curriculum expectations if gaps are identified in their learning. I agree to support my child's home learning, adhere to the ADEK K–12 AI Literacy Curriculum, and monitor my child's ethical use of devices and AI tools.

6. Behavioural and Developmental Support
If my child experiences significant difficulty adjusting to the school environment, or if their behaviour disrupts the teaching and learning of others, I understand that appropriate intervention will be required. I accept responsibility for cooperating with the Inclusion Department and, where necessary, arranging any support and accommodations recommended by the school, including but not limited to a staggered start time, an Individual Education Plan (IEP) or Individual Support Plan (ISP), an educational assistant, and/or external therapy or support services.

7. Cooperation with the School
I agree to cooperate fully with school administration regarding my child's academic, behavioural, or developmental needs, including responding to requests for documentation, attending meetings as invited,

and supporting any interventions recommended for my child's success — at any point during my child's enrolment at AGS, not only at the time of application.

8. Financial Commitments

I agree to fulfil tuition and fee payments according to the ADEK-approved payment schedule, understanding that failure to do so may result in administrative sanctions permitted under ADEK regulations.

9. Enforcement & Consequences

Should the above commitments be disregarded or ignored, I understand that, at the discretion of the school and in line with the AGS Parent Engagement Policy, this may result in restricted campus access, escalation to administrative meetings, or, where applicable, notification to ADEK authorities.

Parent Confirmation

By signing below, I confirm that I have read, understood, and agree to the commitments outlined above for the duration of my child's enrolment at AGS.

Child's Name: _____ Grade: _____

Your name:_____

Signature:_____

Relationship:_____

Date:_____

School Readiness & Support Checklist

KG2, Grade 1, or Grade 2 applicants only

At AGS, we aim to support your child as they transition into a new school and grade level. Please read each question carefully and tick **Yes** or **No**. Answer based on what your child **usually does at home or in social settings**. There are no right or wrong answers. This information helps the school understand your child. Please tick Yes or No for each question. All answers are confidential.

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1. Does your child respond when you call their name? ☐ Yes ☐ No
2. Does your child look at people when talking or playing with them? ☐ Yes ☐ No
3. Can your child follow simple instructions (example: "Come here" or "Bring the ball")? ☐ Yes ☐ No
4. Does your child use words to say what they want or need? ☐ Yes ☐ No
5. Does your child speak in full sentences for their age? ☐ Yes ☐ No
6. Does your child use words more than actions or pointing to communicate? ☐ Yes ☐ No
7. Does your child enjoy playing or talking with other children? ☐ Yes ☐ No
8. Does your child take part in pretend play (example: playing family, shop, or with toys)? ☐ Yes ☐ No
9. Does your child enjoy being with other children of the same age? ☐ Yes ☐ No
10. Does your child adjust well to new places, new people, or new routines? ☐ Yes ☐ No
11. Is your child comfortable with normal sounds, lights, and clothing textures? ☐ Yes ☐ No
12. Does your child usually answer questions instead of repeating back what was said? ☐ Yes ☐ No
13. Can your child change from one activity to another without becoming very upset? ☐ Yes ☐ No
14. Can your child sit and focus on an activity for about 5 minutes? ☐ Yes ☐ No
15. Can your child wait, take turns, and listen when others are speaking? ☐ Yes ☐ No
16. Does your child point or show things to share interest with others? ☐ Yes ☐ No
17. Does your child notice when others are sad or upset and show care? ☐ Yes ☐ No
18. Does your child play with toys in the usual way (example: cars for driving, dolls for pretend play)? ☐ Yes ☐ No
19. Does your child use screens/devices for **less than 60 minutes** on school days? ☐ Yes ☐ No
20. When playing games with others, does your child usually stay and finish the activity? ☐ Yes ☐ No

If there is any additional information you'd like to share that you think we should know, please let us know below:

_____

_____

_____

I confirm the information I have provided is true, complete and accurate to the best of my knowledge.

Parent Name: _____ Signature: _____ Date: _____

Thank you for completing the questionnaire. This helps us understand your child better. Our goal is to help every child feel comfortable, confident, and successful at school.

Student's Health History Form
نموذج التاريخ الصحي للطالب/ة

Dear Parent / Guardian: **عزيزي ولي أمر الطالب/الطالبة:**

Please fill out this form about your son/daughter's health condition. Answer Yes or No, if your answer is yes, please provide dates and more details in the guardian's comments box.	**يرجى تعبئة هذه الاستمارة عن صحة ابنكم/ابنتكم بالاجابة بنعم أو لا. اذا كانت الاجابة نعم الرجاء كتابة التواريخ والتفاصيل في خانة الملاحظات مع مراعاة الدقة ، حتى نتمكن من متابعة حالته/حالتها الصحية, مع تمنياتنا للجميع بالصحة والعافية.**
Student's Name:.....	اسم الطالب: .....
School:.....Grade:.....Section:.....	المدرسة: .....الصف: .....الشعبة: .....
DOB:.....	تاريخ الميلاد: .....
Student's No:.....	رقم الطالب المدرسي: .....
Nationality:.....	الجنسية:.....
Emirates ID No:	رقم الهوية الإماراتية: .....

	Health Problems / المشاكل الصحية	Yes/نعم	No/لا	Comments/ملاحظات
1	Does the student suffer from any allergy? For example, allergies to medication, food, dust. Please specify? هل يعاني الطالب/ ة من أية حساسية؟ على سبيل المثال حساسية من دواء / أطعمة / أبخرة؟ يرجى ذكرها؟			
2	Does the student suffer from any heart disease? هل يعاني الطالب/ ة من أية أمراض قلبية؟			
3	Does the student suffer from diabetes? هل يعاني الطالب/ ة من مرض السكري؟			
4	Does the student suffer from hypertension (high blood pressure)? هل يعاني الطالب/ ة من مرض ارتفاع ضغط الدم ؟			
5	Does the student suffer from Bronchial Asthma? هل الطالب/ ة مصاب بالربو؟			
6	Does the student suffer from chronic kidney diseases? هل يعاني الطالب/ ة من أمراض الكلى المزمنة؟			
7	Does the student suffer from chronic urinary tract infection? هل يعاني الطالب/ ة من التهاب المجاري البولية المزمن؟			
8	Does the student suffer from epilepsy? هل يعاني الطالب/ ة من مرض الصرع ؟			
9	Does the student suffer from G6PD (beans anemia)? هل الطالب/ ة مصاب بمرض أنيميا الفول (تكسر الدم) ؟			
10	Does the student suffer from Thalassemia, Sickle cell, Hemophilia? Please specify هل الطالب مصاب بأي من أمراض الدم الوراثية (الثلاسيميا، فقر الدم المنجلي، الهيموفيليا) يرجى ذكرها			
11	Does the student suffer from recurrent nose bleeding? هل يعاني الطالب/ ة من نزيف متكرر بالأنف؟			
12	Does the student suffer from any skin diseases? هل يعاني الطالب/ ة من أية أمراض جلدية؟			
13	Does the student suffer from eye diseases (e.g. Hyperopia or Myopia)? هل يعاني الطالب/ ة من أمراض العيون (طول أو قصر النظر) ؟			
14	Has the student had any previous surgery? Please specify هل سبق أن اجريت للطالب/ ة عمليات جراحية ؟ ما هي؟			
15	Has the student been admitted to the hospital? Please specify هل تم إدخال الطالب/ ة للمستشفى من قبل؟ اذكر السبب			
16	Does the student use any assistive medical device? (Hearing aid, crutches, wheelchair) Please specify هل يستخدم الطالب/ ة أية أجهزة طبية مساعدة (سماعة طبية، عكاز، كرسي متحرك) ؟ ما هي؟			
17	Has the student been infected with any infectious disease such as mumps, measles or chicken pox? Please specify هل اصيب الطالب/ ة بأي من الأمراض المعدية التالية: النكاف أو الحصبة أو جدري الماء؟ يرجى ذكرها			
18	Does the student suffer from Bed-wetting/ incontinence? هل يعاني الطالب من التبول الليلي اللاإرادي؟			

Student's Health History Form
نموذج التاريخ الصحي للطالب/ة

If the student has any disease please answer the following questions:	اذا كان الطالب/ة يعاني من احد الأمراض المذكورة اعلاه أو غيرها يرجى الاجابة على الاسئلة التالية:
Name and date of diagnosis:.....	اسم وتاريخ التشخيص: .....
When was the last attack:.....	متى كانت اخر أزمة صحية: .....
Treating Hospital/ Medical Center Name:.....	اسم المستشفى أو المركز الصحي المعالج: .....
Treating Dr. Name:.....	اسم الطبيب المعالج: .....
Is the student taking any regular medications: Yes ☐ No ☐	هل يتناول الطالب/ة أي أدوية بشكل منتظم نعم ☐ لا ☐
Medications Names and dosages details:	أسم الدواء: .....كمية وعدد الجرعات .....
Recommended Medications in case of emergency:	الأدوية الموصي بها في حالة الطوارئ: .....
Special precautions related to food:	احتياطات محددة من قبل الطبيب تتعلق بالتغذية: .....
Special precautions related to sport:	احتياطات محددة من قبل الطبيب تتعلق بالرياضة: .....
Recommendations from physician/ to be done during the school day:	توصيات محددة من قبل الطبيب لممرض/ممرضة المدرسة للقيام بها أثناء اليوم الدراسي: .....

Kindly attach copy of the Emirates ID of the Student and a medical report regarding any health problems. Parents are responsible for informing the school nurse of any change in the health condition and providing the necessary medical reports or contact with school nurse whenever it is necessary.

ملاحظة: يرجى ارفاق صورة من بطاقة الهوية الإماراتية وتقرير طبي عن أي مشاكل صحية. يتحمل أولياء الأمور مسؤولية إبلاغ ممرض/ة المدرسة عند حدوث اي تغيير يطرأ في الحالة الصحية وتزويده بالتقارير الطبية اللازمة او التواصل مع ممرض/ة المدرسة عند الضرورة.

If any further queries, please contact the school nurse. Clinic Tel:

في حال وجود أي استفسار الرجاء الاتصال بممرض/ة المدرسة. رقم العيادة:

.....

.....

Nurse's Name-اسم الممرض/ة:.....

ID/الرقم الوظيفي: .....

Name of Parent/ Guardian: .....

اسم ولي الامر: .....

Relation to Student: .....

القرابة للطالب/ة: .....

Parent/ Guardian Signature: .....

توقيع ولي الأمر: .....

Contact Number: .....

رقم الهاتف: .....

Date: .....

التاريخ: .....

School Health Services – General Consent Form (KG1 – Grade 12)

نموذج الإقرار بالموافقة العامة - خدمات الصحة المدرسية (رياض الأطفال مرحلة 1 – الصف الثاني عشر)

Student's Name:	**اسم الطالب:**.....
School: ..... **Grade**: ..... **Section**:	**المدرسة:** .....**الصف:**..... **الشعبة:**.....
DOB:	**تاريخ الميلاد:**.....
Nationality:	**الجنسية:**.....
Student's No:	**رقم الطالب المدرسي:**.....
Emirates ID No:	**رقم الهوية الإماراتية**.....

The purpose of this consent form is to ensure that the School Health nurse has permission to provide health services for your child, as well as the use of medical information.

Kindly sign this form and once you do, it will be effective for all future visits, and until you either refuse these health services or he/ she is transferred from the school.

- I, the undersigned, agree that healthcare services shall be offered for my child by the school nurse in the school health clinic.

- I hereby acknowledge and authorize the school nurse to provide the curative and /or preventive services that may include the annual school screening, vaccination administration, follow up of chronic and infectious diseases, and first aid, and / or referral to a primary health care center or emergency room when necessary.

- I also acknowledge and authorize the following emergency medications to be administered when needed:

1. Paracetamol to control mild to moderate pain and fever.
2. Topical cream for mild skin allergy.
3. Epinephrine injection for a severe allergic reaction.
4. Ventolin inhaler (Salbutamol) to control asthmatic symptoms.
5. Oxygen therapy in case of low oxygen concentration in the blood

Please list any precautions or contraindications to the above medications that the school nurse needs to know:

.....

- If my son/daughter needs to be transferred to the emergency room, then I authorize the school to arrange for his / her transfer.

- In addition to the Annual school Screening, which aims to assess the health status of students to enhance the early detection of certain health problems, and it consists of:

- Medical history assessment
- Vital signs including Blood Pressure assessment
- Growth assessment (height, weight, and BMI Z-score)
- Vision screening for all students (in addition to Color vision screening which is Optional for grade 5 students)
- Mental Health Screening: Attention Deficit Hyperactive Disorder (ADHD) for Grade 1 students primarily and other students who may show ADHD symptoms at a later stage in their growth or education. The teacher should refer students with suspected ADHD to the nurse who will send a questionnaire to both the teacher and the parent and shall refer if either questionnaire is positive

The annual screening will be followed with the below:

1. Health education
2. Smoking awareness program for all students in grades 5 to 12.
3. Review of immunization
4. Oral health:
   - Oral health promotion programs for kindergarten students (KG 1 and KG 2) and Grades 1, 2 and 3
   - Supervised tooth brushing program for kindergarten students (KG 1 and KG 2)

N.B: British schools shall use the equivalent years system

-Following the screening, you will receive a report with the results, and an appointment shall be set for the student with a physician in the clinics if further management is needed.

-I also understand that the medical record is a confidential document. Reporting of medical information to other entities is subject to DOH data management and standards requirements policy.

The following school personnel will be notified about my child's medical condition:

☐ School Personnel that have contact with my child
☐ School administration only

-The data of the annual school screening program will be shared with the educational regulatory authority concerned and Abu Dhabi Public Health Center (ADPHC). This is to study disease patterns in our community to assist in planning and developing health services. We assure you that all this data will be held with complete confidentiality.

PARENT/LEGAL REPRESENTATIVE SIGNATURE:

I am the legal guardian of the student, and I have read and understood the information provided to me on this consent form.

☐ I agree that health services mentioned above can be offered for my child in school.
☐ I do not agree that health services mentioned above can be offered for my child in school except for emergency care.

In case of refusal, the above services will not be offered except in an emergency requiring immediate intervention.

إن الغرض من هذا النموذج هو ضمان السماح لممرض/ة الصحة المدرسية بتقديم الخدمات الصحية لابنك/ابنتك واستخدام المعلومات الطبية عند اللزوم.

الرجاء التوقيع على هذا النموذج وبمجرد القيام بالتوقيع سيسري هذا الإقرار على جميع الخدمات الى أن تقوم برفض تقديم هذه الخدمات لابنك/ ابنتك أو لحين انتقاله / انتقالها من المدرسة.

- أنا الموقع أدناه أوافق على تقديم الخدمات الصحية لابني/ ابنتي في عيادة المدرسة بواسطة ممرض/ة الصحة المدرسية.

- أقر وأسمح لممرض الصحة المدرسية بأن يقوم بتقديم الخدمات العلاجية و/أو الوقائية التي قد تشمل إعطاء التطعيمات والتثقيف الصحي ومتابعة الأمراض المزمنة أو المعدية والإسعافات الأولية و/أو التحويل إلى مركز الرعاية الصحية الأولية أو قسم الطوارئ عند الضرورة.

- كما وأسمح بإعطاء الأدوية الطارئة التالي ذكرها عند الحاجة:

1. باراسيتامول لتقليل الألم الخفيف والمتوسط وتخفيض الحرارة
2. كريم موضعي لعلاج حساسية الجلد البسيطة.
3. حقنة إبينيفرين في حالة الحساسية الشديدة.
4. فنتولين بخاخ (سالبيوتامول) لعلاج أعراض أزمة الربو
5. الأكسجين في حالة انخفاض نسبة الأكسجين في الدم

يرجى ذكر أي موانع لاستخدام الأدوية أو أية احتياطات طبية على ممرض الصحة المدرسية أن يعرفها:

.....

- إذا أصيب ابني/ ابنتي بأي حالة طارئة تستدعي النقل إلى قسم الطوارئ، أنا أسمح لإدارة المدرسة بأن تقوم بترتيب نقله/ نقلها.

- اضافة الى الفحص المدرسي السنوي والذي يهدف إلى تقييم الحالة الصحية للطلاب لتعزيز الكشف المبكر عن بعض المشاكل الصحية ويتكون من:

- تقييم التاريخ الطبي
- تقييم العلامات الحيوية بما في ذلك ضغط الدم
- تقييم النمو (الطول، الوزن، ومؤشر كتلة الجسم)
- فحص النظر (اضافة الى فحص رؤية الألوان لطلاب الصف الخامس (اختياري)
- تقييم الصحة النفسية: اضطراب فرط الحركة ونقص الانتباه (ADHD) لطلاب الصف الأول ثم للطلاب الآخرين الذين قد تظهر عليهم أعراض المرض في مرحلة لاحقة. سيتم تحويل الطلاب المحتمل اصابتهم بفرط الحركة ونقص الانتباه من قبل المعلم إلى الممرضة التي بدورها سترسل استبيانًا إلى المعلم وولي الأمر. وإذا كانت النتائج ايجابية في اي استبيان فسيتم التحويل إلى الطبيب المختص

وسيتبع برنامج الفحص السنوي للطلبة الاجراءات التالية:

1. التثقيف الصحي
2. برنامج التوعية عن التدخين لجميع الطلاب في الصفوف من 5 إلى 12 .
3. مراجعة التطعيمات
4. صحة الأسنان:
   - برامج تعزيز صحة الأسنان لطلاب الروضة (1 و2) والصفوف 1، 2 و3
   - برنامج تنظيف الأسنان بالفرشاة تحت الإشراف لطلاب الروضة (1 و2)

ملحوظة: على المدارس البريطانية أن تستخدم نظام السنوات المعادلة للصفوف المذكورة أعلاه

- بعد الفحص، سيتم إرسال تقرير بالنتائج إليك. وفي حال استدعت الحالة متابعة إضافية، سيتم تحديد موعد للطالب مع طبيب في العيادات.

- إن الملف الصحي وثيقة سرية. يخضع الإبلاغ عن المعلومات الطبية إلى الجهات الأخرى لسياسة ادارة البيانات ومتطلبات دائرة الصحة لإمارة أبو ظبي .

سيتم اعلام أفراد الكادر المدرسي التالي ذكرهم عن حالة ابني/ ابنتي الصحية:

☐ أفراد الكادر المدرسي المخالط لابني/ ابنتي
☐ أفراد الادارة المدرسية فقط

- كافة البيانات المتعلقة بنتائج برنامج الفحص المدرسي السنوي ستتم مشاركتها مع الجهة التنظيمية المختصة بالتعليم المدرسي ومركز أبو ظبي للصحة العامة، وذلك لدراسة نمط الأمراض في مجتمعنا بهدف المساعدة في تخطيط وتطوير الخدمات الصحية. نود أن نؤكد أن جميع هذه البيانات سيتم التعامل معها بسرية تامة.

توقيع ولي الأمر/ الوصي القانوني:

أنا ا الوصي القانوني للطالب وقد قمت بقراءة وفهم المعلومات المقدمة لي بخصوص نموذج الإقرار بالموافقة هذا.

☐ أوافق على تقديم الخدمات الصحية المذكورة أعلاه لابني/ ابنتي في المدرسة.
☐ لا أوافق على تقديم الخدمات الصحية المذكورة أعلاه لابني/ ابنتي في المدرسة إلا في الحالات الطارئة.

في حال عدم موافقتك، يرجى العلم بأنه لن يتم تقديم الخدمات المذكورة أعلاه إلا في الحالات الطارئة التي تستدعي التدخل الطبي العاجل.

If you have any queries, please contact the school nurse.

Name of Parent/ Guardian: _____

Relation to Student: _____

Emirates ID of Parent/Guardian: _____

Parent/ Guardian's Signature: _____

Contact Number: _____

Date: _____

في حال وجود أي استفسار، الرجاء الاتصال بممرض الصحة المدرسية.

اسم ولي الأمر/ الوصي _____

صلة القرابة بالطالب _____

رقم الهوية الإماراتية لولي الأمر/الوصي _____

توقيع ولي الأمر/ الوصي _____

رقم الهاتف _____

التاريخ _____