

Dasman Model School

Al-Sharq Bin Mubarak Street
P.O. Box 426 Dasman -15455 Kuwait
Tel: 2430607 – 2430704 Fax: 2430339
www.dasmanschool.com.kw



Conditions of Enrollment

1. That all information provided in the *Application for Admission* was correct and I will accept all responsibility for any error or omission.
2. In the event of any change to the originally listed contact information, (e.g., residential address, contact phone numbers, emergency contact, etc.) It is my responsibility to provide the updated information to the school registrar as early as possible.
3. In the event of travel abroad or any circumstance that would prohibit me from being responsive to the school on my student's behalf, I accept responsibility of providing Dasman Model School with a letter naming a temporary guardian with their contact information and **copy of their Civil ID** (for security purposes).
4. As a condition of enrollment, I accept and will abide by all Admissions Committee recommendations for additional support services including but not limited to *ESL, Remediation, Resource Inclusion* and any fees associated with these services. Furthermore, I understand that discharge from any additional support service will be substantiated through a departmental review and assessment data. I accept that decisions regarding academic placements and integration into and discharge from support services are under the absolute authority of the school administration.
5. I agree to pay my student's tuition fees in full and on time by the following dates: September 1st, January 1st and April 1st. In the event that a governmental or non-governmental entity fails to settle my student's tuition, I accept personal responsibility for meeting this financial obligation.
6. I understand that all registration fees are non refundable.
7. I understand and am bound by Dasman Model School's strict policy of requiring that my student be fully toilet trained and no longer requiring the use of diapers at any grade level. I accept that Dasman Model School has the full right to discontinue my student's enrollment and is under no obligation to return any fees paid.
8. I understand, abide by and will support all school rules, regulations, scheduling and procedures as detailed in the **Student Handbook** and **Parent - Student Guide**.
9. I acknowledge that Dasman Model School allows for one month for any non-Kuwaiti international student to go through the process of securing and submitting a ***valid Residency Permit and Civil ID***. Failure to do so in the time allotted will result in the student's suspension from school until this requirement is met without reimbursement of fees paid.
10. In the event I decide to withdraw my student from Dasman Model School, I accept that all fees paid are non-refundable.
11. I understand that there will be no refund of any fees paid once school starts. Furthermore, if my student attends the following term(s), Dasman Model School has legal right to seek any fees due.
12. In accordance with the Kuwait Ministry of Education, the legal responsibility for a child's education rests solely with the

Student Photo

Student Application Form
Academic Year _____ / _____



Accepted in
class _____

1. Name of student

Student name _____ father _____ family _____

2. Sex _____ Religion _____ Nationality _____

3. Place of Birth _____ Date of Birth _____ / _____ / _____

4. Student Civil ID

5. Number of Birth Certificate _____

6. Student Residency Number (Non-Kuwaiti only) _____

7. Parent Residency Number (Non-Kuwaiti only) _____

8. Name of Parent _____ Relationship to Student _____

9. Father's Occupation _____ Address _____

10. Work Phone # _____ Ext: _____

11. Father's Mobile _____ Pager: _____

12. Student Address: Area _____ B. _____ St. _____ H. _____

Home Phone #: _____ or _____

13. Mother's Name in full _____ Occupation _____

Work Phone # _____ Ext: _____

Mother's Mobile _____ Pager: _____

P.O Box: _____ E-Mail Address _____



مدرسة دسمان النموذجية
DASMAN MODEL SCHOOL

To parents

Please complete and sign the form below then return it to D1 nurse as soon as possible.

Name of your child-----	class-----	
Father's mobile -----	pager-----	work-----
Mother's mobile -----	pager-----	work-----
Home -----	in emergency case -----	

1- does your child complain from any medical problems (epilepsy, asthma,--etc) ?

Yes No

If yes please explain the case with report attached from his doctor and your recommendations to know what to do with him in the emergency case.

2- Does your child has any kind of allergy (food, medicine----etc) ?

Yes No

If yes please mention -----

3- is your child on any medication?

Yes No

Medication name----- given for -----

4- Does your child has any congenital malformation ?

Yes No

Explain-----

5- Has your child ever been hospitalized or surgery performed on him ?

Yes No

Explain-----

6-Do you agree to give your child any analgesic for (colic, headache, --etc) ?

Yes No

Parent's signature ----- Date-----

IH / HA 28/9/2003