



**Abu Dhabi Grammar School(Canada)
Application Form 2024 - 2025**



****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>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>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>Day Month Year</small>
Assessment Date: _____ / _____ / _____ <small>Day Month Year</small>	Time: _____	Date processed: _____ / _____ / _____ <small>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>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 acceptance or denial of my child into Abu Dhabi Grammar School (Canada) is final and cannot be contested. I understand that the interview & assessment will be conducted only once, and admission decisions are at the discretion of the school's admissions team and administration. AGS will not disclose specific details about the admissions decision. I confirm that the information provided in this application is accurate, and I authorize AGS to contact my child's current school. Any misrepresentation or withholding of records, especially related to special needs, may result in delays, denial of admission, reversal of the decision, or expulsion if my child is already 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

Photo of Student

Academic year: 20__ - 20__

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