



# Enrollment Application Form

For KG \_\_\_\_

Academic Year 20\_\_ / 20\_\_

**LOVE .. FUN.. EXPERIENCE**

American  
Curriculum



# Application Form

Attach 2  
Passport  
Pictures

(Please ensure the information provided is accurate and as per official documents. Print in Block letters, N/A if not applicable)

## A. STUDENT INFORMATION

Both name of applicant in English and Arabic are required (as it appears on official documents):

First Name:	<input type="text"/>	<input type="text"/>	الاسم الأول:		
Father's Name:	<input type="text"/>	<input type="text"/>	اسم الأب:		
Grandfather's Name:	<input type="text"/>	<input type="text"/>	اسم الجد:		
Family Name:	<input type="text"/>	<input type="text"/>	اسم العائلة:		
Saudi ID/ Iqama No.:	<input type="text"/>	Issue Date:	<input type="text"/>	Exp. Date:	<input type="text"/>
Date of Birth:	dd <input type="text"/>	mm <input type="text"/>	yy <input type="text"/>	Place of Birth:	<input type="text"/>
Age at the Time of Admission:	<input type="text"/>	Nationality:	<input type="text"/>		
Religion:	<input type="text"/>	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F		
First Lang.:	<input type="text"/>	Second Lang.:	<input type="text"/>		
Address:	<input type="text"/>				
City:	<input type="text"/>	P.O.Box:	<input type="text"/>		
Postal Code:	<input type="text"/>	Mobile:	<input type="text"/>		
Res. Tel:	<input type="text"/>	Email:	<input type="text"/>		

## B. ACADEMIC BACKGROUND

Student's School attended; please list last school first or if never attended school -none:

Yes (please fill the table below)  No

School Name	Address/ Location	Curriculum	Year Attended	Year Completed	K.G Level
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reasons for Leaving Previous School:

Has the child been evaluated by psychologist, diagnostic educator, language/speech therapists, or other specialist?

## C. FAMILY INFORMATION

Parents Living Together

Parents Divorced

### Father's Information:

Full Name:   :الاسم بالكامل

Nationality:  Saudi ID/ Iqama No.:

Passport No.:  Issue Date:  Exp. Date:

Occupation:  Employment:

Empl. Address:

Mobile No.:  Office No.:

Postal Code:  Email:

### Mother's Information:

Full Name:   :الاسم بالكامل

Nationality:  Saudi ID/ Iqama No.:

Passport No.:  Issue Date:  Exp. Date:

Occupation:  Employment:

Empl. Address:

Mobile No.:  Office No.:

Postal Code:  Email:

## D. STUDENT'S HEALTH HISTORY

Student's Name:  KG Level:

Date of Birth: dd  mm  yy  Age:  Gender:  M  F

Blood Type:  Special Medical needs required:

## E. HOSPITAL / CLINIC REFERRAL

Name of Hospital / Clinic:

Student's Med. File No.:  Tel.:

Hospital / Clinic Address:

Student's Physician Name:  Contact No.:

## F. MEDICAL INSURANCE

Insurance Company:  Policy No.:

Major Insurance Holder's name:  ID No.:

Company Name:  Contact No.:

**MEDICINE CONSENT:** *In an event the student is ill in School, I consent the school to administered treatment as per illness of the following medicine/s (if required); after calling and informing me of his / her sickness. (Please tick-√)*

**Pain & Fever:**  Fevadol/ Panadol  Adol  Tempra  Fenetil Gel

## G. EMERGENCY CONTACTS (OTHER THAN PARENTS):

1st Contact Name:  Relationship:

Mobile No:  Work No.:

2nd Contact Name:  Relationship:

Mobile No:  Work No.:

*Please DO NOT Administer:*

*Child is Allergic to Penicillin:*  Yes  No *Other Medicine:*

## H. SIBLING ATTENDING BLOOM:

Yes (please fill the table below)  No

Student's Name	Age	Gender	KG Level
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## I. KINDERGARTEN CONDITIONS FOR ADMISSION:

1. Child must be medically and physically fit to attend School.
2. Child must be bottle free and completely diaper free.
3. Child must **not** be using pacifier, sipping cups, or nursing.
4. Child must be able to be independent and inform the need for WC. Fully potty trained.
5. Child's age must be within the criteria of the Ministry of Education KSA
6. Child must successfully pass the entrance evaluation.

I [ ] (father, mother, guardian) of [ ]  
KG/class [ ] confirm that my child is as per the above guide lines and is fully W.C Trained  
(diaper free) and fit to attend School.

Parent's Signature: [ ] Date: [ ]

**PLEASE NOTE:** For KG2 AND KG3, child must inform teacher the need to use WC independently. The School reserves the rights to withdraw the child from the class if he/she is not fully potty trained. Due to our school environment and academic program, children with cognitive and/or physical disabilities would not be legible to participate in our enrollment program.

### Important Medical Leave Note:

1. The School request parents if child is shows signs of sickness before coming to school (fever, cold symptoms, rashes, eye infection, vomiting or diarrhea, etc.) it is best for the child to remain at home to rest properly and provide suitable medical attention. Thus, for serious illnesses and absences for over 2 days or more, a Medical report is requested before entering school as to ensure the child is well enough to sit in class.
2. As per the MOH (Ministry of Health), any child observes to have nits and/ or lies (hair infestation), he/ she will be taken out of class and be sent home for medical treatment. He /she will not be allowed to come back to school until he/she is completely lie/nit free.
3. MOH strictly enforces absences due to contagious disease (rubella (chicken pox), measles, mumps, red eyes, etc.). Medical attention needs to be provided and a medical report needs to be submitted upon returning to school. Please be informed, the child will not be allowed to sit in class without a medical release form.
4. Administration reserves the right to request medical evaluation of any child if required for placement in the adequate grade level.

## J. APPLICATION - PARENT'S / GUARDIAN ACKNOWLEDGEMENT:

I [ ] (print parent's name) certify that the above information is correct and true.

Parent's Signature: [ ] Date: [ ]

## CHECKLIST:

1. Completed the application form

2. Child's Medical Form

3. Copy of child's birth certificate

4. Copy of Child's identification

For Non-Saudi applicants: copy of resident permit

5. Copy of immunization certificate

6. Copy of both parents' identification

For Saudi applicants: copy of Saudi Family Ahwal ID (with name of applicant child listed)

For Non-Saudi applicants: copy of resident permit and passport

7. School transfer certificate (transferring students)

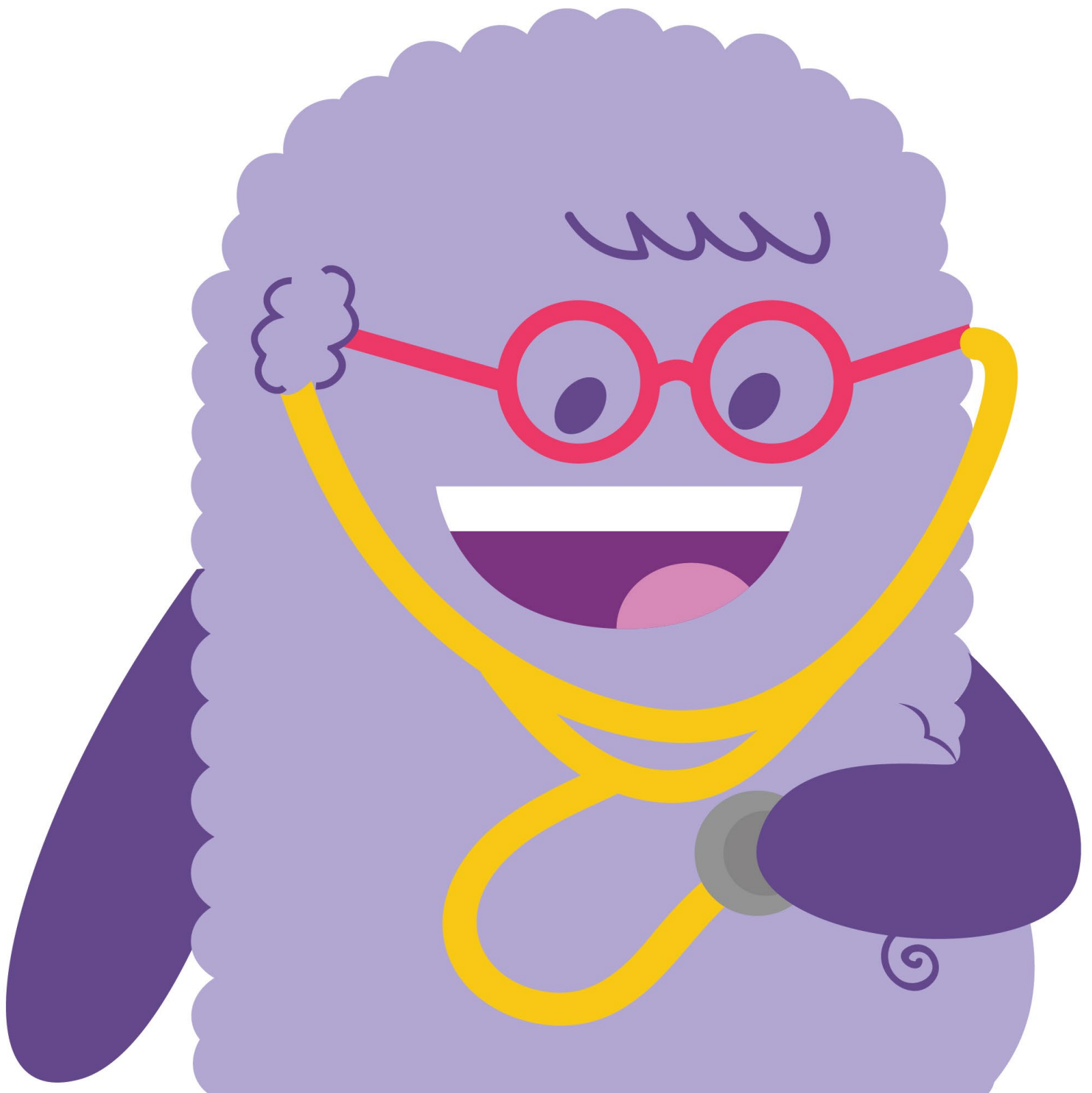
8. School past reports and transcripts

9. 4 passport size photos of the student

10. Original file from previous school



# Medical Form



# Medical Form

(To be completed by a physician)

## A. STUDENT DETAILS:

Student's Name:  KG Level:   
Date of Birth: dd  mm  yy  Age:  Gender:  M  F  
Blood Type:  Weight:  Height:

*Bloom cares for the health and wellbeing of every child. To properly assist in any urgent situation, an accurate health evaluation is required.*

## B. HEALTH HISTORY:

Vaccination Given:  Yes  No Vaccination Booster:

Any illnesses or conditions of:  Heart  Chest  Stomach  Neck  Spine  Other

(please explain):

Suffers from (Medical report needs to be provided):

(heart condition, asthma, seizures, diabetes, high blood pressure, etc.)

**Allergies:** (please specify type of allergies: dust, pollen, animal, insects' bites, medicine etc.)

Allergic to	Symptoms/ reactions	Medication required
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Vision Problem:  Yes  No If Yes, Please Explain:

Wears Glasses/ Contact Lens:  Yes  No If Yes, Please Explain:



Hearing problems:  Yes  No If Yes, Please Explain type of hearing aid and why:

Speech imperilment:  Yes  No Speech Delay:  Yes  No Speaking Age:

Dental problems:  Yes  No If Yes, Please Explain:

Motor skills Impairment or limitation:  Yes  No If Yes, Please Explain:

Motor skills impede the child from Physical Education activities:  Yes  No

Cognitive skills impairment or limitation:  Yes  No If Yes, Please Explain:

Accidents, operation or hospitalization:  Yes  No If Yes, Please Explain In Details:

Any other medical issues:  Yes  No If Yes, Please Explain:

Any medical diagnostic:  Follow up Procedure:

### C. PHYSICIAN ACKNOWLEDGEMENT:

I  Doctor of  hereby certify that the above medical information is accurate, and therefore acknowledge that the above mentioned child is healthy and is physically fit to attend School.

Hospital/ Clinic:  Location:

Signature:  Stamp:  Date:

## Contact Us:



050 **857** 4444



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