

## Nile Valley School

Dear Parent(s)/Guardian(s),

Thank you for your interest in enrolling your son/daughter at Nile Valley School and for completing the Admissions Application Form so that your son/daughter may be considered for enrollment. Please note that the enrollment process is as follows:

- 1. Submission of the application form and a copy of the child/student's birth certificate or passport.**
- 2. Testing of English Language Proficiency and Grade Level:** If space is available in the class based on your son's/daughter's age, you will be contacted by the Registrar to schedule a time for an assessment. The completion of an assessment does not guarantee acceptance at Nile Valley School. Please note that a child born who is born in **2014** and who is **fully** toilet trained is eligible for the Nursery class.
- 3. Family Interview:** If your son/daughter is scheduled for an assessment, the administration team will meet personally with your family.
- 4. Notification of Provisional Acceptance:** NVS requires the following items before we can complete the provisional acceptance procedure:
  1. Wallet size photo of student
  2. Copy of birth certificate
  3. Copy of the Immunization Record
  4. Medical Consent Form
  5. Copy of report cards and a reference letter from any previous school your child has attended. The letter should contain academic and behavioral comments, and must bear the school's official seal/stamp.
- 5. Payment of Registration Fee:** This one-time fee is due upon acceptance and is non-refundable. The registration fee is required for all new students before they are officially accepted into the school.
- 6. One Month Probation:** When new students begin school in August, they must demonstrate that they are willing to learn and will abide by the NVS school policies. NVS reserves the right to terminate any student's enrollment at its own discretion, if the student habitually violates school policies.
- 7. Tuition:** Please refer to the attached tuition information sheet for details concerning payment of school fees.

Nile Valley School takes great pride in ensuring that your son/daughter achieves academic excellence in a safe, caring and supportive environment. The administration warmly welcomes each new family.

We look forward to getting to know you during the new school year.

Kind regards,

Nile Valley School Administration

# Nile Valley School

## ADMISSIONS APPLICATION FORM School Year 2017 - 2018

Completion of this application  
does not guarantee acceptance.

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAY MONTH YEAR

Application for grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAY MONTH YEAR

Gender:  Male  Female

Name of Father: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Mother: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_

**One Month Probation:** When new students begin school in August, they must demonstrate that they are willing to learn and will abide by all school policies. Nile Valley School reserves the right to terminate any student's enrollment at its discretion, if the student habitually violates school policies.

Date: \_\_\_\_/\_\_\_\_/2015

Parent's/Guardian's Signature: \_\_\_\_\_

**For Office Use Only**

Date Rec'd: \_\_\_\_\_ Assessment Date: \_\_\_\_\_ Grade Placement: \_\_\_\_\_  
Registration Fee Paid: \_\_\_\_\_ Tuition Fee Paid: \_\_\_\_\_ Rec#: \_\_\_\_\_  
 Birth Certificate  Family Interview  Medical Consent  Immunization Record  Transportation Form

## Nile Valley School

**Siblings:**

Name	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Student's Educational History**

School Name and Location	Dates Attended Month and Year	Language of Instruction	Grades Completed
	to		
	to		
	to		
	to		

Why did your son/daughter leave his/her last school? \_\_\_\_\_

**Special Needs:**

Does your son/daughter have a learning difficulty or special needs?     Yes     No  
 If yes, please attach appropriate reports (i.e. medical, psycho-educational, etc.)

Has your son/daughter ever received extra learning support?     Yes     No  
 If yes, please attach a copy of the student's most recent IEP.

Is son/daughter currently on any medication?     Yes     No

If yes, please list medications. \_\_\_\_\_

Is your son/daughter allergic to any medications, foods or other substances?  
 Please list. \_\_\_\_\_

Indicate your son's/daughter's level of English in terms of writing and speaking skills:

Writing Skills:     **Strong**                       **Moderate**                       **Weak**

Speaking Skills:     **Strong**                       **Moderate**                       **Weak**

## Nile Valley School

### Emergency Contact Information

*In case of any emergency:*

Primary Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Is your son/daughter allergic to any medications, foods or other substances?

Please list:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Does the child take any medications on a regular basis?  Yes  No

Please list:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Please list the medical history that pertains to your son/daughter.

Operations: \_\_\_\_\_

Serious Injuries: \_\_\_\_\_

Chronic Illness: \_\_\_\_\_

### Medical Consent Form

In case of illness or an accident resulting in physical injury to your child, Nile Valley School will follow the listed procedures:

1. Call the parent(s)/guardian(s) or emergency contact to explain the situation.
2. Consult with medical personnel and/or transport to the *Doctor's Clinic* on Africa Road.
3. You will receive a report stating the circumstances of the accident.

I, \_\_\_\_\_, give permission for my son/daughter,  
Parent's/Guardian's Signature

\_\_\_\_\_, to receive medical treatment in case of an accident.  
Student's Name

The Medical Consent Form must be completed before your child begins classes at Nile Valley School.

## Nile Valley School

### Transportation Form

My son/daughter will be arriving by:

Personal Car       Group Transportation

Please list anyone who has your permission to pick up your son/daughter from school, including the name of driver and phone numbers.

Driver's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Driver's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**\*If your son/daughter is enrolled in Preschool, please complete the Pick-Up Instruction Form.**

I have read, understood and accept the conditions for applying to Nile Valley School and I have completed the application form fully and truthfully. I have attached copies of the birth certificate, the passport (with photo page), the 2 passport pictures, the applicable prior school reports and the required fee.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAY MONTH YEAR