Through forward looking curriculums and diverse learning environments, ULS prepares graduates who have the knowledge, skills and attitudes necessary to be ethical, culturally aware and future leaders.

Our aim is to offer high quality, academically sound education to the students in a supportive and understanding environment; by :

* Developing and adopting English language curricula from preschool to high school.
* Nurturing an atmosphere of trust between students, staff, administrators and parents.

Our teachers are committed, experienced and qualified. They are also well equipped by all the means, resources and facilities needed to give an utmost performance that will satisfy parents, students and school administration.

**Some of the school facilities:**

The students enjoy a dedicated building where they benefit from well-resourced facilities which support instruction of the different Years Programs. Facilities include: Fully furnished classrooms and two multimedia rooms equipped with smart boards and projectors. A colorful library with a wide range of multimedia and reading materials in English and other languages. A spacious music room, a playground with a green area that helps students enjoy themselves during breaks and P.E lessons. Three science laboratories which are full of the latest scientific instruments that serve the objectives of the science curriculums from primary to secondary grades. A computer lab equipped with 25 computers, as well as scanners, printers and other electronic instruments.

**Our Mission:**

The Mission of "ULS" is to provide an extensive range of learning opportunities with global perspectives that enables our students to:

Realize exciting and challenging academic, athletic, artistic and artistic goals to become effective communicators, and to contribute with others through sharing their resources, talents, skills; so that in turn, they can enter a college of their choice that defines and shapes their future lives.

**Our vision:**

ULS contributes to a sustainable environment that is driven by student learning and promotes the development of intercultural competence and acquisition of 21st century skills.

**To be filled out by the school:**

**Date of application**: ------------------------------------------------------------

**Date of interview**: ----------------------------------------------------------------

**Registration No**. : ------------------------------------------------------------------

**Year applied for**: -------------------------------------------------------------------

 **The age of the child in 1st of October**: -------------------------------------

 **D**  **M**  **Y**

 **Accepted**  **Rejected**  **Waiting** **principal signature:----------------------------**

Child photo: 

 **Student Information**

To ensure that your child’s application is processed efficiently, please

 complete this form, as fully as possible.

* **Student name**:-------------------------------------------------------------

 1st name Middle name Surname

* **Gender**: ----------------------------------------------------------------------------------
* **Date of Birth**:---------------------------------------------------------------------------
* **Nationality**:-----------------------------------------------------------------------------
* **Religion**:---------------------------------------------------------------------------------
* **Requested Grade**:------------------ **Academic year:** ------------------------------
* **Languages most commonly spoken at home**:-----------------------------------
* **Pervious Nursery \ School**: ----------------------------------------------------------

 **Address**:----------------------------------------------- (**from----------to-------------**)

 **Address**:----------------------------------------------- (**from----------to-------------**)

* **Reason of Transfer:** --------------------------------------------------------------------------------------------------------------------------------------------------------------

**Parent's Information**

* **Father's name**:-------------------------------------------------------------------------

 1st name Middle name Surname

* **Nationality**:-------------------------------------------------
* **Religion**: ----------------------------------------------------
* **Father's profession**: --------------------------------------------------------------------
* **Job title**: ----------------------------------- **Company Name**: ------------------------
* **Home Tel**. : -------------------------------------------------------------------------------
* **Mobile Te**l. : ------------------------------------------------------------------------------
* **E-mail**:--------------------------------------------------------------------------(optional)
* **Address**:-----------------------------------------------------------------------------------
* **I.D Card No.**:-----------------------------------------------------------------------------

* **Mother's name**:------------------------------------------------------------------------- . 1st name Middle name Surname
* **Nationality**:------------------------------------------------
* **Religion**: ----------------------------------------------------
* **Mother's profession**: ------------------------------------------------------------------
* **Job title**: -------------------------------- **Company Name**: --------------------------
* **Home Tel**. : ------------------------------------------------------------------------------
* **Mobile Tel.** : -----------------------------------------------------------------------------
* **E-mail**:-------------------------------------------------------------------------(optional)
* **Address**: ----------------------------------------------------------------------------------
* **I.D Card No.**:----------------------------------------------------------------------------

 **Emergency contact**

* **Name**:-----------------------------------------------------------------------------------

1st name Middle name Surname

* **Relation to student**:----------------------------------------------------------------
* **Address**:-------------------------------------------------------------------------------
* **Job title:** ------------------------------------------------------------------------------
* **Home telephone**:--------------------------------------------------------------------
* **Mobile telephone**:-------------------------------------------------------------------
* **I.D Card No.**:-------------------------------------------------------------------------

**Brother & sister (siblings)**

* **No. of brothers & sisters:** ---------------------------------------------------

**Name:** --------------------------- **Age**: -----------------------------------------------

 **Current school:** ---------------------------------------------------------------

**Name:** --------------------------- **Age:** -----------------------------------------------

 **Current school:** ---------------------------------------------------------------

* **Siblings:**

**Name:** --------------------------- **Age**: ----------------------------------------------

 **Current school:** --------------------------------------------------------------

 **Name:** --------------------------- **Age**: ---------------------------------------------

 **Current school:** --------------------------------------------------------------

 **Medical History**

Our aim is to keep your child safe and healthy in a perfect environment, so if you would answer this question you'll find it and more in ULS.

Does your child suffer from any of the following conditions? If yes, kindly supply details about date, treatment required,…..etc.

***Details***

***Yes***

***No***

|  |  |  |  |
| --- | --- | --- | --- |
| Allergies (food/environmental/medication) | **------------** | **--------------** | **----------------** |
| Hearing difficulties  | **------------** | **--------------** | **----------------** |
| Frequent Headaches | **------------** | **--------------** | **----------------** |
| Heart problems  | **------------** | **--------------** | **----------------** |
| Asthma | **------------** | **--------------** | **----------------** |
| Frequent ear infections | **------------** | **--------------** | **----------------** |
| Kidney problems | **------------** | **--------------** | **----------------** |
| Vision defects | **------------** | **--------------** | **----------------** |
| Hay fever | **------------** | **--------------** | **----------------** |
| Daily medication | **------------** | **--------------** | **----------------** |
| Emotional/mental problems | **------------** | **--------------** | **----------------** |
| Other health problem | **------------** | **--------------** | **----------------** |

Has your child ever had any operations? If yes, where, when and what for?

---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

I hereby give permission for emergency measures to be initiated in case of accident or sudden illness with the understanding that I will be notified as soon as possible.

**Parent's signature**

---------------------------------

**Confidential information**

Please answer the below questions to provide us by any additional information as it will assist in understanding your child's nature.

1. How does your child spend his \ her spare time?

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. Does your child find it easy to make friends?

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. Are there any Musical, artistic or sporting achievements that you want us to be aware of?

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. Is your child a member in any club? And which sport does he\she participate?

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. Does your child passes by any difficulties as a result of any family circumstances?

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. Is it possible that your child requires special educational support?

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. What is your child general attitude towards school?

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. Has your child ever repeated a grade in school?

-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

 **Transporting Information**

Will your child require bus Transportation?

Yes

No

* **Name of student**:--------------------------------------------------------------------------
* **Class**: ------------------------------------------- **Academic year**:-----------------------
* **Brother(s)/sister (s) in ULS**

**Name:**------------------------------------ **Class:**--------------------------------

**Name:**------------------------------------ **Class:**--------------------------------

**Name:**------------------------------------ **Class:**--------------------------------

* **Pick up by:** ---------------------------------------------------------------------
* **Telephone:**

**Mobile**:------------------------------------ , **Home**: ---------------------------

**Other no**.: ---------------------------------

* **Address in details**:

 **Name of area and the main street**: -----------------------------------------------------------------------------------------------------------------------------------------

**Name of the bystreet:** ----------------------------------------------------------------------------------------------------------------------------------------

 **A sign to this bystreet:** ----------------------------------------------------------------------------------------------------------------------------------

 **Any special sign in front of the house**: -----------------------------------------------------------------------------------------------------------------------

 **No. of floor and apartment**: ------------------------------------------------

* In case of changing the address please inform the school before a month of this changing.
* Attendance and leaving will be at the school times so please be committed by it.
* Please draw a map in the back of the paper

**Accept**

**Parent signature Buses responsible**

--------------------- -----------------------

* **How did you hear about ULS?**

 **(Website) (Family) (Education Fair) (Friends) (Magazine/newspaper/brochure) (Other ways)**

* To apply for entry to **The United language school** for my above mentioned child, I understand that all tuition fees must be paid. I declare that I am the child's parent/legal guardian and that, to the best of my knowledge and belief, all information given is correct and complete.

 **Parent signature Date**

 -------------------- **-------------------------**

**Approval**

* **I understand that, I am responsible for payment of tuition for the my child I confirm that I have disclosed all information that I believe to be relevant to the school in the admissions process and that it is accurate**
* Your child’s application is only valid for 1 year. If a place is not secured within the year you will need to reapply for the next academic year.

**Signature of Parent** **Date**

 ------------------------- **-------------------------**

**إقــــــــــــــــــــــــــــــــــــرار**

أقر انا

 **-----------------------------------------------------------------------------------------------**

ولى امر الطالب:

 --------------------------------------------------------------------------------------------------------------------------------

ان جميع المعلومات المذكورة صحيحة تماما"

توقيع ولي الامر التاريخ

--------------------------- --------------------------

 املاه راجعه

 -------------------------- --------------------------