



# APPLICATION FORM

INCLUDING MEDICAL INFORMATION

PLEASE PRINT IN BLOCK LETTERS

## STUDENT DETAILS

|  |                               |                        |
|--|-------------------------------|------------------------|
| FAMILY NAME  | FIRST NAME                    | MIDDLE NAME            |
| DATE OF BIRTH (DD/MM/YY)   | AGE<br>_____YEARS _____MONTHS | MALE/FEMALE            |
| COUNTRY OF BIRTH   | NATIONALITY                   | CPR NUMBER             |
| PASSPORT NUMBER  | DATE ISSUED                   | EXPIRY DATE            |
| RELIGION   | LANGUAGES SPOKEN AT HOME      | OTHER LANGUAGES SPOKEN |
| HAVE YOU APPLIED TO ANY OTHER SCHOOL IN BAHRAIN?<br>If so please state |                               | DESIRED ADMISSION DATE |
| HOW DID YOU HEAR ABOUT US?   |                               |                        |

## SCHOOLS ATTENDED IN THE LAST TWO YEARS

|                            |                  |
|----------------------------|------------------|
| NAME AND ADDRESS OF SCHOOL | DATES ATTENDED   |
| TELEPHONE                  | From.....to..... |
| EMAIL                      | Grade/Year:      |
| NAME AND ADDRESS OF SCHOOL | DATES ATTENDED   |
| TELEPHONE                  | From.....to..... |
| EMAIL                      | Grade/Year:      |

## LEARNING SUPPORT INFORMATION

Please list any relevant information such as, Learning Support Provision including Gifted and Talented, Advanced Classes taken, Disciplinary Problems or Special Accomplishments and Achievements, etc. It is essential that all relevant information be given at the time of application.

## DETAILS OF PARENTS (GUARDIANS)

### FATHER (GUARDIAN)

|                               |                   |  |      |
|-------------------------------|-------------------|--|------|
| FATHER (GUARDIAN) FAMILY NAME | FIRST/MIDDLE NAME |  |      |
| NATIONALITY                   | OCCUPATION        |  |      |
| HOME NUMBER                   | EMPLOYED BY       |  |      |
| MOBILE NUMBER                 | OFFICE NUMBER     |  |      |
| EMAIL 1                       | EMAIL 2           |  |      |
| LOCAL HOME ADDRESS            |                   |  | AREA |
| PO BOX ADDRESS                |                   |  |      |

### MOTHER (GUARDIAN)

|                               |                   |  |      |
|-------------------------------|-------------------|--|------|
| MOTHER (GUARDIAN) FAMILY NAME | FIRST/MIDDLE NAME |  |      |
| NATIONALITY                   | OCCUPATION        |  |      |
| HOME NUMBER                   | EMPLOYED BY       |  |      |
| MOBILE NUMBER                 | OFFICE NUMBER     |  |      |
| EMAIL 1                       | EMAIL 2           |  |      |
| LOCAL HOME ADDRESS            |                   |  | AREA |
| PO BOX ADDRESS                |                   |  |      |

### SIBLINGS

| SIBLINGS ALSO APPLYING |  | Year | SIBLINGS ALREADY ATTENDING |  | Year |
|------------------------|--|------|----------------------------|--|------|
| 1                      |  |      | 1                          |  |      |
| 2                      |  |      | 2                          |  |      |
| 3                      |  |      | 3                          |  |      |
| 4                      |  |      | 4                          |  |      |

## STUDENT HEALTH INFORMATION

STUDENTS NAME:

DATE OF BIRTH (DD/MM/YY):

Is your child allergic to any medication, food or product? (For example, penicillin, peanuts)

Is your child taking any regular medication or is he/she receiving regular treatment?  
(For example, Insulin, Ritalin, anti-epileptic medication, inhalers etc.)

Does your child have any specific health, behavioural, emotional or psychological problems?

Does your child have any hearing or hearing related problems? (For example, grommets)

Does your child have any problems with eyesight or does he/she wear glasses?

Please give details of any illness, operations or injuries since birth:

Has your child had or required treatment for any of the following? (If yes, please give brief details below)

| CONDITION                          | YES/NO | CONDITION                | YES/NO |
|------------------------------------|--------|--------------------------|--------|
| Asthma                             | YES/NO | Sickle Cell Anaemia      | YES/NO |
| Hay Fever                          | YES/NO | Congenital Heart Disease | YES/NO |
| Diabetes                           | YES/NO | Hepatitis                | YES/NO |
| Epilepsy                           | YES/NO | Measles                  | YES/NO |
| Chicken Pox                        | YES/NO | Mumps                    | YES/NO |
| Fits/Convulsions                   | YES/NO | German Measles/Rubella   | YES/NO |
| Persistent Headaches               | YES/NO | Kidney Problems          | YES/NO |
| Serious Operations/Hospitalisation | YES/NO | Thyroid Problem          | YES/NO |
| Bone/Joint Disease                 | YES/NO |                          |        |
| Haemophilia/Thalacaemia            | YES/NO | Other:                   | YES/NO |

Details:

Signature of Parent (Guardian):

Date:

PHOTO

Please provide 2 passport size photos

### APPLICATION CHECKLIST

In addition to this completed application and medical form, the following documentation is essential and must be included as part of the application process.

|  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Child's most recent school report                    | <input type="checkbox"/> | 2 passport sized photographs           | <input type="checkbox"/> |
| Copy of child's passport                             | <input type="checkbox"/> | Copy of both parent's passports        | <input type="checkbox"/> |
| Copy of child's CPR Card                             | <input type="checkbox"/> | Copy of both parent's CPR              | <input type="checkbox"/> |
| BSB Vaccination Record Form                          | <input type="checkbox"/> | Terms and Conditions Form              | <input type="checkbox"/> |
| Copy of Child's Immunisation Records                 | <input type="checkbox"/> | Non-refundable Application Fee BD 50/- | <input type="checkbox"/> |
| Previous School Transfer Certificate (if applicable) | <input type="checkbox"/> |  |                          |

### BILLING INFORMATION

SCHOOL FEES ARE PAID BY:      EMPLOYER                      PARENTS                      EMPLOYER & PARENTS

EMPLOYER NAME

EMPLOYER ADDRESS

EMPLOYER EMAIL

### PARENT'S (GUARDIAN) SIGNATURES

I (we) the undersigned confirm that I (we) have provided all relevant information in this application form and it is accurate and true and correct to the best of my (our) knowledge at the time of completion. I am (we are) aware that the British School of Bahrain is a selective school and my child must meet the entry requirements.

Signature of Parent (Guardian) ..... Date .....

**PLEASE SEND THE COMPLETED APPLICATION FORM AND REQUESTED DOCUMENTATION AND APPLICATION FEE TO:**

Admissions Office, PO Box 30733, Kingdom of Bahrain.  
Telephone: Infant School: 17613330, Fax 17613230  
Telephone Senior & Junior School: 17610920 / 1, Fax: 17610371  
E-mail: [admissions@thebsbh.com](mailto:admissions@thebsbh.com) Website [www.britishschoolbahrain.com](http://www.britishschoolbahrain.com)

### OFFICE USE ONLY

RECEIPT NUMBER

INVOICE NUMBER

ASSESSMENT DATE

APPLICATION ID NUMBER

STUDENT ENTRY ID NUMBER

ACTUAL ENTRY DATE



## Recommended Immunisation Schedule in the Kingdom of Bahrain

| AGE             | VACCINE   | DOSE                         |
|-----------------|---|------------------------------|
| <b>CHILDREN</b> |   |                              |
| At birth        | BCG for newborns born to parents originally from endemic countries  | Single Dose                  |
|                 | Hepatitis B for newborns  | Birth Dose                   |
| 2 months        | DaPT (Diphtheria, Pertussis, Tetanus), Hepatitis B, Haemophilus Influenza Type B (Hib) + Inactivated Polio ( as Hexavalent) | 1st Dose                     |
|                 | Pneumococcal Conjugate (PCV)  | 1st Dose                     |
|                 | Rota vaccine (oral)   | 1st Dose                     |
| 4 months        | DaPT (Diphtheria, Pertussis, Tetanus), Hepatitis B, Haemophilus Influenza Type B (Hib) + Inactivated Polio ( as Hexavalent) | 2nd Dose                     |
|                 | Polio Vaccine (Oral Polio Vaccine)  | 2nd Dose                     |
|                 | Pneumococcal Conjugate (PCV)  | 2nd Dose                     |
|                 | Rota vaccine (oral)   | 2nd Dose                     |
| 6 months        | DPT, Hepatitis B, Hib (Pentavalent)   | 3rd Dose                     |
|                 | OPV (Oral Polio Vaccine)  | 3rd Dose                     |
| 12 months       | MMR (Measles, Mumps, Rubella)   | 1st Dose                     |
|                 | Varicella   | 1st Dose                     |
| 15 months       | Pneumococcal Conjugate (PCV)  | Booster                      |
|                 | Hepatitis A   | 1st Dose                     |
| 18 months       | MMR (Measles, Mumps, Rubella)   | 2nd Dose                     |
|                 | DPT, Hib (tetraivalent) or Pentavalent according to availability  | 1st Booster                  |
|                 | OPV (Oral Polio Vaccine)  | 1st Booster                  |
| 2 years         | Meningococcal Conjugate (ACYW)  | Single Dose                  |
|                 | Hepatitis A   | 2nd Dose                     |
| 3 years         | Varicella   | 2nd Dose                     |
| 4-5 years       | DTaP-IPV (Diphtheria, Tetanus, Pertussis, Inactivated Polio)  | 2nd Booster                  |
|                 | OPV (Oral Polio Vaccine)  | 2nd Booster                  |
|                 | MMR (Measles, Mumps, Rubella) if no document of 2 valid doses of MMR vaccination previously.                                | 2nd Dose<br>if not completed |
| 13 years        | Tdap (Tetanus, Diphtheria, Pertussis)   | Booster                      |



# Recommended Immunisation Schedule in the Kingdom of Bahrain

## Note:

Parents and caregivers of children are advised to ensure completion of routine vaccination of their children prior to their enrolment in school.

- Patients with chronic diseases conditions and other high risk categories are advised to ensure completion of the recommended vaccination.
- Travelers are advised to visit their health center enough time prior to their travel to complete the recommended vaccination according to their travel destination.

## General vaccine contraindication

- The vaccine is contraindicated in case of severe allergic reaction to vaccine component or following a prior dose.
- Fitness certificate from treating physician is recommended for immunocompromised and cancer patients.
- Moderate to severe illness at the time of vaccination.

## Forms

- If the student was not present during the immunization session at school, please complete the above form and visit the respective Health Center to get vaccinated.

<https://www.moh.gov.bh/Content/Files/HealthInfo/ImmunizationDefaulters-new.pdf>

## Ministry of Health Vaccination Guide

[https://www.moh.gov.bh/Content/Files/HealthInfo/Vaccination%20Educational%20Guide%20\(English%202017\)%20for%20web.pdf](https://www.moh.gov.bh/Content/Files/HealthInfo/Vaccination%20Educational%20Guide%20(English%202017)%20for%20web.pdf)

## Glossary

|              |   |
|--------------|---|
| HB           | Hepatitis type B Vaccine  |
| HA           | Hepatitis type A Vaccine  |
| OPV          | Oral Polio Vaccine  |
| IPV          | Inactivated Polio Vaccine   |
| Rota Vaccine | Rota Virus Vaccine  |
| Hib          | Hemophilus Influenza type B Vaccine   |
| Flu Vaccine  | Influenza Vaccine   |
| MMR          | Measles, Mumps and Rubella Vaccine  |
| DPT          | Diphtheria, Pertussis, Tetanus Vaccine                                      |
| Td           | Tetanus, diphtheria Vaccine (adult)   |
| DTaP         | Diphtheria, Tetanus acellular Pertussis Vaccine for children                |
| Tdap         | Tetanus, diphtheria, acellular pertuesis vaccine for adolescents and adults |
| DT           | Dipheteria, Tetanus vaccine(Paediatric)                                     |
| Hexavalent   | Combined IPV, DPT, HB, Hib  |
| Pentavalent  | Combined DPT, HB, Hib   |
| BCG          | Bacillus Calmette-Guerin (vaccine against Tuberculsis)                      |