



# 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 _____ 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? 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 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)