

APPLICATION FORM

Date: _____

STUDENT'S PERSONAL DETAILS

| | | | | | |
|----------------|----------------|--------------|-------|------|-------------|
| Name: | _____ | | | | |
| Family Name: | _____ | | | | |
| Date of Birth: | _____ | Nationality: | _____ | Sex: | Male/Female |
| | Day/Month/Year | | | | |
| Disability: | _____ | | | | |
| Referred by: | _____ | | | | |

CONTACT DETAILS

| | | | |
|----------------|-------|---------|-------|
| P.O. Box No. | _____ | City: | _____ |
| Tel No. (Res): | _____ | E-mail: | _____ |

FATHER'S DETAILS

| | | | |
|----------------|-------|------------|-------|
| Name: | _____ | | |
| Employer: | _____ | | |
| Profession: | _____ | Job Title: | _____ |
| Tel No. (Off): | _____ | Mob. No.: | _____ |

MOTHER'S DETAILS

| | | | |
|----------------|-------|------------|-------|
| Name: | _____ | | |
| Employer: | _____ | | |
| Profession: | _____ | Job Title: | _____ |
| Tel No. (Off): | _____ | Mob. No.: | _____ |

EMERGENCY CONTACT NOS.

| | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

DCSN-002/A-401

APPLICATION REQUIREMENTS

1. The following documents are required in order for the applicant's name to be placed on the waiting list:
 - a. a completed Application Form
 - b. copy of child's passport (both information pages and residence visa stamp)
 - c. copy of child's birth certificate
 - d. copy of child's immunization record
 - e. copy of child's medical records
 - f. copy of child's previous educational records
 - g. four (4) passport size photographs of the child
 - h. if your child has been diagnosed with Down Syndrome a dynamic X-ray of the neck (inflexion/extension) must be supplied.
 - i. copy of father's passport (both information pages and residence visa stamp)
2. Any child seeking admission to the Center must be evaluated by the Director who is a Child and Family Psychologist and with the multi-disciplinary team (comprising of Occupational therapist, Speech & Language therapist, Physiotherapist and Senior Teacher). Depending on the child's performance with the Director and multi-disciplinary team, a decision for admission will be made. During this evaluation, the child must be accompanied by both parents.

The purpose of this evaluation is to:

- Assess the child's cognitive skills, speech and language skills, perception skills, social skills and motor abilities.
 - Ascertain whether or not the programs available at the Center correlate with the child's needs.
 - Determine appropriate placement within the Center.
 - Assess equipment needs and make appropriate recommendations.
3. A fee of Dhs1,000 is due when attending the initial assessment with the Director. Depending on the results of this assessment, an appointment will be scheduled with our Team to evaluate the child's current level of performance. An additional fee of Dhs1,000 will be charged for this team assessment which should be paid in advance.
 4. Once the decision has been made to admit the child, then the admission is further subject to compliance with equipment requirements and recommended screening x-rays, if applicable.
 5. Upon the child's admission to the Center, parents will be invoiced for tuition and transportation fees (if transportation is required). Tuition and transportation fees can either be paid in full, by cash or cheque, in advance or on a termly basis via post-dated cheques.

DCSN-002/A402

**ASSESSMENT, TUITION AND
TRANSPORTATION FEES**
2014/2015

الرسوم الدراسية والتقييم
ورسوم المواصلات
٢٠١٥/٢٠١٤

- * Initial Assessment Fee:
Dh.1000
- * رسوم التقييم المبدئي:
١٠٠٠ درهم
- * Multidisciplinary Assessment Fee:
Dh.1000
- * رسوم التقييم من قبل المعالجين:
١٠٠٠ درهم
- * Non Refundable Administration Fee for
new students to be paid before starting:
Dh. 2,500
- * رسوم تسجيل للطلبة الجدد غير مرجعة
تدفع عند التسجيل
٢,٥٠٠ درهم
- * Annual Tuition Fee:
Dh.40,000
- * رسوم الدراسة السنوية:
٤٠,٠٠٠ درهم
- * Annual Bus Transportation Fee:
Dh.7,500
- * رسوم المواصلات:
٧,٥٠٠ درهم

Payment by cash or cheque only -

طريقة الدفع نقداً أو بموجب شيك

Credit Cards will not be accepted

لا يقبل الدفع بموجب بطاقات الائتمان

All cheques to be made payable to

جميع الشيكات يجب وضعها تحت أسم

"Dubai Center for Special Needs"

"مركز دبي للرعاية الخاصة"

DCSN-002/A-409