

# School Registration Form

Children Wellbeing and Safeguarding Initiative at Schools 2025  
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From:

Date:

We hereby express our interest in participating in the Children Wellbeing and Safeguarding Initiative at Schools 2025 and confirm our school's intention to register for the initiative.

## Institutional Information

School Name:

Principal's Name:

School Address:

Emirate:

Phone Number:

Email Address:

## Point of Contact for the Initiative

Full Name:

Designation:

Mobile Number:

Email:

## Key Metrics

Number of Teaching Staff:

Number of Students:

Our school confirms its readiness to support this initiative by providing the following:

- Dedicated space equipped with audio-visual (AV) technology for workshops/presentations.
- Accessibility to reserved parking and access for medical vans or service vehicles.
- Dedicated liaison officer to facilitate program implementation and coordination.
- Securing participation consent from parents/guardians and staff.
- Authorisation for program-essential data sharing, and promotional media use (video & photography)

## Authorized Signatory

Full Name		Signature	
Designation		Date	