



Application for Admission 2017-2018

1. Student Information

Student's Name _____
First Name Middle Name Family Name

Gender: Female Male Date of Birth _____
Day Month Year

Place of Birth _____ Nationality _____

Passport Number _____ Country Issuing Passport _____

2. Language

Language used most frequently at home _____

Number of years your child has attended a school
in which English is the language of instruction: _____

Number of years learning English as an additional language: _____

Level of English (if not language used most frequently at home):

Beginner Intermediate Advanced

3. Student' Education Information

Name of school	Types of Curriculum	Years Attended	STD/ Grade	Language of Instruction



4. Family Information

Father

First Name: _____ Fathers Name: _____ Clan/Last Name: _____

Place of Birth: _____ Country of Citizenship: _____

Phone Daytime/Evening: _____

Email Address: _____

Postal Address: _____

Mother

First Name: _____ Fathers Name: _____ Clan/Last Name: _____

Place of Birth: _____ Country of Citizenship: _____

Phone Daytime/Evening: _____

Email Address: _____

Postal Address: _____

Guardian (Emergency Contact)

First Name: _____ Fathers Name: _____ Clan/Last Name: _____

Country of Citizenship: _____

Phone Daytime/Evening: _____

Email Address: _____

Postal Address: _____

Fees Paid by

Parents _____%

Private Sponsor _____%

Company/Employer _____%

Other _____%

Total _____%

Contact for Sponsor (company or private):

Sponsor Name: _____

Sponsor Contact (preferably email): _____

If parents are not solely responsible for school fees please explain the details of any arrangements:



6. Medical Information

All Information is kept confidential

Does the student have any medical problem of which we should be aware of? i.e., heart condition, diabetes, asthma, allergies, etc.

In cases of asthma, epilepsy, etc, please give date of last attack:

Is the student currently taking any medication on a regular basis? Yes _____ No _____

Please provide the name(s) of the medication:

Will the student need to take this medication while at school? Yes _____ No _____

Does the student have a history of previous medical concerns or surgery? Yes _____ No _____

Please provide details:

Does the student have any known allergies? Yes _____ No _____

If yes, please name allergies:

Symptoms that student has experienced during an allergic reaction are:

Has the student ever suffered an allergic reaction that has caused him/her to experience breathing difficulties, dizziness, fainting, or shock? Yes _____ No _____

Provide details:

Has the student ever had need of oral (tablet or liquid) or injectable medication for an allergic reaction?

Yes _____ No _____

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Please rest assured that if the students in need of assistance for a medical emergency, the school will attempt to inform you immediately. The student will, however, be promptly cared for whether or not we are able to contact you. In the case of a medical emergency the school will attempt to contact you to pick up your child or for direction as to what action to take. If you are unavailable the emergency contacts will be notified. If the school is unsuccessful in reaching a contact person we will take action as deemed necessary and keep trying to make contact with the parents/guardians until successful.



Please use this space to list any comments or concerns, or anything else you want us to know about the student.

By submitting this application I agree that all information is accurate.

Name of parent

Date

Signature of parent