



Class

### Student Application Form – Academic Year 20 -20

Applicant Information				
Child Name				
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age	
Nationality			Religion	
Home Address				

Parents Information									
Mother Name									
Occupation				Work Place					
Mobile Phone				Home Phone					
Home Address									
Email				Work Phone					
Mother's English language standard		Excellent		V.Good		Good		Poor	
Father Name									
Occupation				Work Place					
Mobile Phone				Home Phone					
Home Address									
Work Address				Phone					
Email				Work Phone					
Father's English language standard		Excellent		V.Good		Good		Poor	
Parents are (check all that apply):									
<input type="checkbox"/> Living together	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed						

### Child Medical Information

Dietary Information	
Special Fears	
Physical / Mental impairments	
Medical Concerns	
Allergic Concerns	
Vision Concerns	
Hearing Concerns	
Speech Concerns	
Preferred Hospital	

- Last school or Kindergarten name:
- Is his/her final school report attached:     Yes                       No
- Is Transportation needed:  Yes                       No

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

Name: \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_

### Assessment

Child Level	<input type="checkbox"/> Exceeding <input type="checkbox"/> Expected <input type="checkbox"/> Emerging <input type="checkbox"/> Unable to Assess		
Special Requirements			
Accepted in			
Assessed by:		Signature	
Approved by:		Signature	