



FULL NAME (As per Passport)

--

PLACE OF BIRTH & PASSPORT No.

--

COUNTRY OF ISSUE & EXPIRY DATE

--

GENDER	DOB	RELIGION	NATIONALITY
CURRENT SCHOOL	GRADE	PROPOSED GRADE	STARTING DATE

How did you discover our school?

FATHER

NAME	
MOBILE NUMBER	
OFFICE NUMBER	
EMAIL	

MOTHER

NAME	
MOBILE NUMBER	
OFFICE NUMBER	
EMAIL	

Please be completely open about answering the below questions as it would help us assess your child's needs thoroughly and help us provide

Has your child ever:

- | | | | |
|---|-------|--|-------|
| Been evaluated for learning problems? | Y / N | Been recommended for remedial measures? | Y / N |
| Followed an enrichment programme? | Y / N | Repeated a level at school for any reason? | Y / N |
| Been Suspended from School? | Y / N | Learnt to play a musical instrument? | Y / N |
| Been identified as having special physical, emotional, psychological or language needs? | Y / N | | |

Medication

Allergies

Emergency Contact Numbers (Other than the parents)

	Emergency Contact 1	Emergency Contact 2
Name		
Mobile		

Signatures

Father/Guardian

Mother/Guardian

--	--

Required Documents

	Tick
2 Passport Copies	
2 Birth Certificate Copies	
2 Immunisation Copies	
5 Passport Photos	
Original Transfer Certificate (If your child is being admitted to Year 2 and above)	