

1. STUDENT INFORMATION

Name: _____
(Family) (First) (Middle) (Nickname)

Date of Birth: _____ Age: _____ Gender: Male Female

Country of Birth: _____ Citizenship: _____

Nationality: _____

Residential Address: _____ Post Code: _____

Postal Address: _____ Post Code: _____

Telephone Number: _____

In which calendar year is entry desired? _____ (Grade): _____

2. PARENT/GUARDIAN INFORMATION

	Father	Mother	Guardian
Surname			
Given Names			
Nationality/Race			
Religion			
Occupation			
Business Telephone			
Home Telephone			
Home Facsimile			
Mobile Telephone			
Email Address			
Marital Status			
Language spoken at home			

3. OTHER CHILDREN IN THE FAMILY

Name:	School:	Age:	Enrolled/Applying for Admission:
1. _____	_____	M/F _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	M/F _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	M/F _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. EDUCATIONAL INFORMATION

Most recent school attended: _____

Most recent homeroom teacher: _____ Contact Number: _____

Pupil's previous academic level of work was: Excellent Good Average Poor

Describe any special learning difficulties with which your child will require assistance: _____

Include any other information that you would like to add to support your child's application (i.e. sports, music, debating, other awards or accomplishments)_____

5. TRANSPORTATION INFORMATION

Please specify the mode of transportation your child would use to and from school:

Private Car School Bus Taxi BTS Other (walk, cycle, etc.)_____

6. MEDICAL/HEALTH INFORMATION

Indicate your child's level of general health: Excellent Good Average Poor

Describe any health concern (physical, emotional, etc.) or problems of which the school should be aware:

Family Physician:_____ Telephone:_____

Does the student have any ailments, allergies or disabilities?_____

My child is immunized against: Diphtheria Tetanus Polio Ambulance Cover: Yes No

Private Health Fund:_____

Medication (regular):_____

Contact name and telephone number if parents are unavailable:_____

7. EMERGENCY CONTACT PERSON

Name:_____ (Family) (First) (Middle) (Nickname)

Relationship:_____

Address:_____

Home Telephone:_____ Office Telephone:_____ Mobile Telephone:_____

8. RELIGIOUS PREFERENCE

SDA Christian Christian Catholic Christian Buddhist Islam Other:_____

9. FINANCIAL INFORMATION

Person Responsible for Payment of Fees:

Name:_____ Relationship:_____

Telephone:_____ Facsimile:_____ Email:_____

Postal address if different to No. 2:_____

Preferred method of payment to finalize the tuition fee and other charges by the due dates?

Cheque Cash

Certification: I, hereby, certify that the above information is complete and true to the best of my knowledge. It is understood that when a student enrolls in the school, student, parents or guardians agree to comply with its rules and regulations.

Signature of Father/Mother/Guardian Date

Signature of Applicant Date

FOR OFFICIAL USE ONLY

Program Enrolled	Regular	SPACE
Application Received Date		
Grade Placement		
Start Date		
ESL Requirements		
Financial Plan / Group		

Student ID No.	
Authorized Admission Approval	
Date	
Remarks	