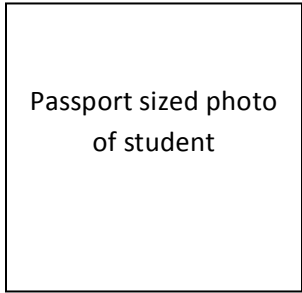




APPLICATION FORM

(Complete the form in block letters)

APPLYING FOR CLASS/FORM.....



STUDENT'S INFORMATION

Surname.....

First name.....

Other names.....

Sex..... Date of Birth..... Place of Birth.....

Nationality..... Religion.....

Residential Address.....

Postal Address.....

Languages spoken.....

Present School.....Class/Form.....

PARENTS' / GUARDIAN'S INFORMATION

Father's/Guardian's full name.....

Occupation/Profession.....

Organisation.....

Telephone number(s).....

Email address.....

Mother's/Guardian's full name.....

Occupation/Profession.....

Organisation.....

Telephone number(s).....



Email address.....

Are parents living () Together () Separated () Divorced () Single Parent

PREVIOUS SCHOOLS ATTENDED

Name	Address	From (Year)	To (Year)	Last class completed

MEDICAL INFORMATION OF STUDENT

Blood Group if known.....

Does the student have any allergies?.....

If yes, please provide details.....

Does the student have any skin disorders?.....

If yes, please provide details.....

Does the student suffer from any respiratory disorders?.....

If yes, please provide details.....

Does the student have hearing difficulties?.....

If yes, please provide details.....

Does the student wear or require corrective glasses?.....



If yes, please provide details (short/long sighted or other condition).....
.....

Is the student physically fit to participate in all sporting activities?.....

If no, please provide details.....

BEHAVIOUR / SPECIAL NEEDS / GIFTED AND TALENTED INFORMATION

Does the student have a special talent or interest that you are aware of?.....

If yes, please provide further details.....
.....

Has the student ever been expelled from or refused entry into another school?.....

If yes, please provide details.....
.....

Does the student have any behavioural problems you are aware of?.....

If yes, please provide details.....
.....

Does the student have Special Learning Needs?.....

If yes, please provide details, including the support the student is currently receiving.....
.....

Please provide details of any other factors or issues the school should be aware of before the student is admitted.....
.....

The school will endeavour to support students with Special Needs or who have specific learning difficulties after a thorough assessment is made. However, it may be necessary to recommend some students to other institutions which are better able to support their needs if the support we provide is deemed to be inadequate.



EMERGENCY CONTACT AND DOCTOR INFORMATION

Please provide an alternative name and number, in case parent or guardian is not contactable in the event of an emergency.....

.....

Name of family Doctor (if applicable).....

Doctor's address.....

Doctor's telephone number.....

DECLARATION

I understand that this form must be completed and returned to Administration accompanied by my ward's school reports (the last 3 terms), a written report from his/her Head Teacher and a medical report from a reputable medical laboratory.

I am also aware that my ward will be expected to undertake an entry examination before admission can be confirmed.

Name of Parent/Guardian.....

Signature of Parent/Guardian.....

Date.....

FOR OFFICE USE ONLY

Entry Examination Results

Subject	Mark	Comments
English		
Math		
Aptitude		

Recommendation

Admit (Y/N)	Form	Student ID	SIA Trust (Y/N)	Comments

Name.....

Signature..... Date.....