

① Application for Admission

Student Information

| Name: | <i>(Last, First, Middle)</i> | Please attach passport-size photo here | | |
|--|---|---|--------------|-----------|
| Gender: | M <input type="checkbox"/> F <input type="checkbox"/> | | | |
| Date of birth: | <i>(Day, Month, Year):</i> | | | |
| Place of birth: | <i>(City, State/Province, Country):</i> | | | |
| Citizenship(s): | | | | |
| Current Grade: | | | | |
| Grade applying for: | | | | |
| Mother's native language: | | | | |
| Father's native language: | | | | |
| Languages spoken at home: | | | | |
| How would you rate your child's spoken English? | | Good <input type="checkbox"/> Some <input type="checkbox"/> A little <input type="checkbox"/> None <input type="checkbox"/> | | |
| Is English-as-a-Second-Language support needed? | | No <input type="checkbox"/> Yes <input type="checkbox"/> Intensive <input type="checkbox"/> | | |
| Does your child have any physical or learning difficulties? | | No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain | | |
| Has your child ever been enrolled in any type of Special Education or Learning Support programmes or assessed for learning support need? | | No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain | | |
| What is your preferred date of entry to school? | | <i>(Day, Month, Year)</i> | | |
| What is your likely date of exit? | | <i>(Month, Year)</i> | | |
| Previous School's Name (s) | Location | Grade (s) | Date Entered | Date Left |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

