



# **Application Form**

#### **Details of Parents**

		Parei	nt 1	Parent 2	Legal Guardian
Salutation					
First name					
Last name					
Relationship	to student				
Email address					
Country code					
Mobile phone number					
Profession					
Company					
Yes □ No Who is the Prir Parent 1 □	gal custody of the second custody of the sec	Legal ?	d/children applying? Guardian □ Guardian □		
Family Do	etails				
Home addres	s line 1				
Home addres	s line 2				
Town					
Country					















### **Child Details**

## **Student Information**

First name	
Middle name	
Family name	
Preferred name	
Gender	
Date of birth (DD/MM/YYYY)	
Place of birth	
Mother tongue	
Nationality 1	
Passport number	
Nationality 2	
Requested year level	

## **Child Academic Information**

English Langi	iage Proficiency	y – Spoken		
Beginner □	Excellent □	Good □	Intermediate □	None □
English Langı	ıage Proficiency	y – Written		
Beginner □	Excellent □	Good □	Intermediate □	None □
Chinese Lang	uage Proficienc	:y – Spoken		
Beginner □	Excellent □	Good □	Intermediate □	None □
Chinese Lang	uage Proficienc	:y – Written		
Beginner □	Excellent □	Good □	Intermediate □	None □















Do you hav	ve any concerns around your child's social or academic progress that we should know about?
Yes □	No 🗆
If yes, plea	nse provide more details
-	child have any Additional Educational Needs (AEN/SEND) that you are aware of?
Yes □	No 🗆
If yes, plea	se provide more details
Has your c	hild received any additional in-school/external support?
Yes □	No □
If yes, plea	sse provide more details
Child M	Medical Information
Does your	child suffer from any medical conditions?
Yes □	No 🗆
If yes, plea	sse provide more details
Is your chi	ld on any prescription drugs?
Yes □	No 🗆
If yes, plea	se provide more details















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Is your chi	ld unable to participate in spor	ts for any reason?
Yes □	No □	
If yes, plea	ase provide more details	
Does your	child have any allergies that yo	ou are aware of?
Yes □	No □	
If yes, plea	ase provide more details	
Has your c	child received any vaccinations	?
Yes □	No □	
Does your	child require any special dieta	ry requirements?
Yes □	No □	
If yes, plea	ase provide more details	
Previo	us School Informatio	on
Current/I	Previous School Name	
Current/I	Previous Year Grade	
Attended	From (DD/MM/YYYY)	
Attended	To (DD/MM/YYYY)	
Country		
City		















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Curriculum:
IB Primary Years Curriculum □ IB Middle Years Programme □ IB Diploma Programme □
GSCEs □ A-Levels □ ENC □ Others, please describe
Language of Instruction:
Reference request: Agree □ Do not agree □
Reasons for leaving:
Has your child ever been rejected, expelled or suspended from a school?
Yes  No  No
If yes, please provide more details
In what activities has your child shown special interest or talent?









