

## APPLICATION FOR ADMISSION

Page 1 of 3

GENERAL INFORMATION: (please print clearly)

### STUDENT

Name: \_\_\_\_\_ Application for Grade: \_\_\_\_ School Year: \_\_\_\_  
Gender (m/f): \_\_\_\_\_  
Country/ies of Citizenship: \_\_\_\_\_ Date of Birth: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_  
Place and Country of Birth: \_\_\_\_\_ Social Insurance No.: \_\_\_\_\_  
Address: \_\_\_\_\_

Religious Confession: \_\_\_\_\_  
(By writing your child's religion confession, he/she will be obligated to attend the religious education lesson)

### MOTHER/GUARDIAN

Title: \_\_\_\_\_ Name: \_\_\_\_\_  
Country/ies of Citizenship: \_\_\_\_\_  
Private Address (if different from STUDENT): \_\_\_\_\_  
Mobile: \_\_\_\_\_ Work Tel: \_\_\_\_\_  
Private E-mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### FATHER/GUARDIAN

Title: \_\_\_\_\_ Name: \_\_\_\_\_  
Country/ies of Citizenship: \_\_\_\_\_  
Private Address (if different from STUDENT): \_\_\_\_\_  
Mobile: \_\_\_\_\_ Work Tel: \_\_\_\_\_  
Private E-mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**FAMILY SITUATION AND EMERGENCY CONTACT**

Child lives with: \_\_\_\_\_

Emergency Contact (if parents/guardians are not available)

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**PREVIOUS SCHOOLS/KINGARDEN ATTENDED**

| School/Kindergarden Name | City and Country | From (date) | To (date) | Grade/Class |
|--------------------------|------------------|-------------|-----------|-------------|
|                          |                  |             |           |             |
|                          |                  |             |           |             |
|                          |                  |             |           |             |

Reason for leaving most recent school: \_\_\_\_\_

**STUDENT HEALTH INFORMATION**

Does he/she take medication on a regular basis? Yes / No If YES, please give details:  
\_\_\_\_\_

Is the student allergic to any drugs, medicine, foods, etc.? Yes / No If YES, please give details:  
\_\_\_\_\_

Does the student have any dietary restrictions? Yes / No If YES, please give details:  
\_\_\_\_\_

Are you aware of any additional academic support needs? Yes / No If YES, please give details:  
\_\_\_\_\_

Are you aware of any extra social emotional support needs? Yes / No If YES, please give details:  
\_\_\_\_\_

Is your child on an individual educational plan (**if yes inform the office**)? Yes / No If YES, please give details:  
\_\_\_\_\_

Is there any reason he/she cannot participate in sports? Yes / No If YES, please give details  
and supply a doctor's certificate stating the reason:  
\_\_\_\_\_

Please provide in detail any other health concerns of which we should be aware:  
\_\_\_\_\_

