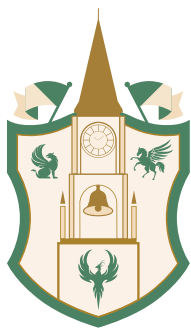


APPLICATION FORM



BELFRY
INTERNATIONAL
SCHOOL

2 inches
Passport-sized
Photo

1. STUDENT'S DETAILS

First Name

Surname (Family name)

Preferred Name (or nickname)

Nationality

Gender:

☐

Male

☐

Female

Date of Birth
(dd/ mm/ yyyy)

Planned Year of Entry

Term (1, 2 or 3)

2. PREVIOUS SCHOOLS

Name of school

From mm/ yy

To mm/ yy

Year Group
or Grade

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

3. PARENTS

Mother

| | |
|-----------------------|--------------|
| Title | First Name |
| | |
| Surname (family name) | Nationality |
| | |
| Email | Phone Number |
| | |
| Home Address | Work Address |
| | |
| | |
| | |

Father

| | |
|-----------------------|--------------|
| Title | First Name |
| | |
| Surname (family name) | Nationality |
| | |
| Email | Phone Number |
| | |
| Home Address | Work Address |
| | |
| | |
| | |

3. PARENTS

Guardian (if applicable)

Relationship to child

Title

First Name

Surname (family name)

Nationality

Email

Phone Number

Home Address

Work Address

Siblings (brothers or sisters)

Name

Date of Birth (dd/ mm/ yyyy)

Name

Date of Birth (dd/ mm/ yyyy)

Name

Date of Birth (dd/ mm/ yyyy)

Name

Date of Birth (dd/ mm/ yyyy)

4. GENERAL INFORMATION

Please list your child's interests/ hobbies/ music/ sports

Tell us a little more about your child (e.g., likes & dislikes)

How did you come to know about Belfry International School?

Has your child been to any other kindergarten or playgroup before?

5. MEDICAL INFORMATION

1. Who is your child's regular doctor/ pediatrician?

Dr.

Hospital

Phone

2. Does your child have physical needs or limitations of which the school should be aware?

☐

Yes

☐

No

If yes, please explain:

3. Does your child take any medication regularly?

☐

Yes

☐

No

If yes, please explain:

4. Has your child received required vaccinations?

☐

Yes

☐

No

5. Does your child suffer from any allergies?

☐

Yes

☐

No

If yes, please explain:

6. Does your child require special diet?

☐

Yes

☐

No

If yes, please explain:

6. DOCUMENT TO BE ATTACHED

Please provide copies of the following documents:

- | | |
|------------------------------------------------------|--------------------------------------------------|
| <input type="radio"/> Child's Birth Certificate | <input type="radio"/> Child's Vaccination Record |
| <input type="radio"/> Father's ID Card/ Passport | <input type="radio"/> Mother's ID Card/ Passport |
| <input type="radio"/> Caregiver's ID card | <input type="radio"/> House Registration |
| <input type="radio"/> Photos (approx. 1", see below) | |

7. PHOTOGRAPHS

| | | | |
|-------------------|-------------------|------------------------|------------------------|
| <div>Mother</div> | <div>Father</div> | <div>Caregiver 1</div> | <div>Caregiver 2</div> |
|-------------------|-------------------|------------------------|------------------------|

*Please include photographs of people who will pick up your child after school

8. PARENT SINGNATURES

Please verify the information given in this registration form by signing below.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>Signature of Parent/ Legal Guardian 1</div> <div></div> <div>Name in full</div> <div></div> <div>Relationship to child</div> <div></div> <div>Date (dd/ mm/ yyyy):</div> <div></div> | <div>Signature of Parent/ Legal Guardian 2</div> <div></div> <div>Name in full</div> <div></div> <div>Relationship to child</div> <div></div> <div>Date (dd/ mm/ yyyy):</div> <div></div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|