



Application for Pupil Admission

To ensure that your child's application is processed quickly, please complete this form in English and include all requested information and documentation.

Date you would like your child to start at ISSL (month / year) _____

CHILD'S DETAILS

First names: _____

Surname / family name: _____

Date of Birth (DD/MM/YYYY): _____ Boy () Girl ()

Nationality (passport held): _____

CONTACT FOR APPLICATION PURPOSES

Full Name of Father / Guardian _____

Full Name of Mother / Guardian _____

Home address: _____

Country: _____

Telephone: _____ Mobile: _____

email: _____

DOCUMENTATION

Please attach the following documents:

- photocopies of latest school reports
- recent examples of your child's work (English, Mathematics and Science)
- photocopy of child's and parents' passports / ID cards
- 1 passport photograph of your child
- Completed Medical Form

PREVIOUS SCHOOLING

1. Please list the schools your child has attended in the past four years:

Name of School	Country	Language of Instruction

2. Please state the educational system of the most recent school (e.g. British, American, IB, Montessori, etc.)

3. What is your child's present or most recent year group? _____

4. Has your child ever been enrolled in the following programmes? Gifted / Talented ()
 Learning Support ()

If so, please give details

5. Has your child ever been recommended for counselling? YES / NO

If yes, please give details

6. Has there ever been concern regarding your child's:

Academic progress	YES / NO
Behaviour	YES / NO
Ability to concentrate	YES / NO

7. If applicable, please give reasons why your child is leaving his / her present school

LANGUAGE KNOWLEDGE

1. Please define your child's knowledge of English using the following words: Excellent, Good, Fair, Poor, None

Spoken _____ Written _____ Reading _____

2. Which is your child's first language? _____

3. Which language / languages are used at home? _____

4. What other languages is your child familiar with? _____

FAMILY DETAILS

1. How did you find out about ISSL?

2. How many years do you expect your child to attend ISSL?

3. Are there any important family circumstances of which we should be aware? Please give details:

4. At ISSL we encourage you as parents to offer active support both for your child and for the school. What kind of support can you offer your child at home with his / her education?

5. We have an active group of parents who work with us at ISSL to raise funds for the school. Would you like to become involved in this group? YES / NO

6. Please list below all the telephone numbers we might need in order to reach you in an emergency (e.g. 93 010101 - Mother's mobile / 21 444 5556 - home). You may wish to add the numbers of neighbours / friends we could contact if necessary.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PARENT'S STATEMENT

Please make a brief statement of your hopes and expectations for your child's future and why you have chosen to send him / her to International School São Lourenço.

SCHOOL PHOTOS

I do / do not wish photos of my child/ children to be used in school publications, press releases, school's website, etc.

I have read and understood all the school's literature and am happy to accept a place for my child / children at ISSL if offered.

Signed: Father/Guardian: _____

Date: _____

Signed: Mother/Guardian: _____

Date: _____

MEDICAL FORM

Name of Pupil _____ Name & Tel. No. of Doctor: _____

Pupil's Passport No. _____

Has your child had the following immunisations?

Please Tick

Diphtheria	<input type="checkbox"/>	Has your child had his/her eye sight tested within the last 18 months?	Yes/No
Tetanus	<input type="checkbox"/>	Has your child had his/her hearing tested within the last 18 months?	Yes/No
Whooping Cough	<input type="checkbox"/>		
Polio	<input type="checkbox"/>		
Measles	<input type="checkbox"/>		
Mumps	<input type="checkbox"/>		
Rubella	<input type="checkbox"/>		
BCG	<input type="checkbox"/>		

Is your child allergic to any medications, e.g. Penicillin? Please specify: _____

Is your child allergic to any specific foods, insect bites, etc? Please specify: _____

Does your child have any recurring illnesses for which regular medication is required? e.g. Asthma, Hay-fever, Bronchitis. Please specify: _____

Does your child take any other regular medication, e.g. Ritalin? Please specify: _____

Please indicate any other problems that your child may have which the school should be aware of, e.g. a fear of heights, water, etc. _____

If any medication is required during school hours please enclose a separate letter stating the nature of illness, symptoms, etc. and indicate clearly the medication necessary with exact dosage. The letter must give your authority to the school to administer the medicine to your child.

I have read and understood this form. The information I have supplied is complete and correct. I delegate authority to the school to authorise medical treatment for my child if I cannot be contacted.

Signed: Father/Guardian: _____

Date: _____

Signed: Mother/Guardian: _____

Date: _____