

CAMPUS APPLYING TO: \_\_\_\_\_

**STUDENT INFORMATION:**

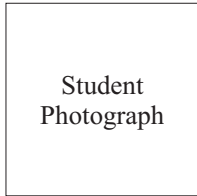
Name: \_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth: \_\_\_\_\_ Gender: (M/F): \_\_\_\_\_ Religion: \_\_\_\_\_

Nationality (by passport): \_\_\_\_\_ Proposed Starting Date: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_ Previous School: \_\_\_\_\_

Country: \_\_\_\_\_ Previous Class: \_\_\_\_\_ Applied to / attended Froebel's International School previously? Yes / No



**OTHER CHILDREN IN THE FAMILY:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Currently Studying at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT INFORMATION:**

*Name of the parent/guardian to whom school reports and other correspondence should be addressed:*

Dr./Mr./Mrs/Ms. \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

*Name of the other parent/guardian:*

Dr./Mr./Mrs/Ms. \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**BILLING PREFERENCE:**  Annually  Half-yearly  Quarterly  Bi-monthly

**Parent/guardian verifies that all information on this application is true and accurate.**

*Parent/guardian agrees and undertakes to abide by all rules and regulations in force from time to time at Froebel's International School and declares that all decisions of the school management during the admission process and subsequent period of the child's enrolment and stay at Froebel's International School will be treated as final.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Froebel's International School has the right to immediately cancel the enrolment of any child for any reason they deem necessary (i.e non-cooperation the parent, maladjustment of child, failure to provide necessary enrolment information, etc.)*

**FOR SCHOOL USE ONLY**

**1. REGISTRATION FOR ADMISSION**

Parent Interview     Student Interview     Previous School Report     External Exam Result  
Class to be tested for \_\_\_\_\_ Testing Date \_\_\_\_\_ Starting Date \_\_\_\_\_  
Administrator/Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

**2. PAYMENT OF REGISTRATION FEE**

Registration Fee \_\_\_\_\_ Accounts Officer Signature \_\_\_\_\_ Date \_\_\_\_\_  
Data Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

**3. ADMISSION TESTING**

Classroom Observation (PG) Individual Development Testing (KG & Prep)

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Observed by \_\_\_\_\_ Date \_\_\_\_\_

ADMISSION TESTS (Year 1 to Year 9)

<b>ENGLISH</b>	Marks Obtained _____	Checked by _____	Date _____
<b>MATHEMATICS</b>	Marks Obtained _____	Checked by _____	Date _____
Academic Coordinator/Mentor Signature _____			Date _____

**4. DECISION**

Accepted     Conditional Acceptance     Waitlisted     Not Accepted  
Conditional acceptance is granted for one academic year after which admission will be granted on the basis of the student's performance.  
Admitted to \_\_\_\_\_ Section \_\_\_\_\_ Headmistress/Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

**5. ENROLMENT**

Fee Bill Issued: Annual/Half-yearly/Quarterly/Bi-monthly    Date \_\_\_\_\_  
 Fee Bill Paid    Date \_\_\_\_\_

**DOCUMENTATION SUBMITTED**

Admission Form     Birth Certificate     Passport Copies     Student Photographs (4)  
 Parent/Guardian Photographs(1)     Immunization Forms     School Leaving Certificate (all except PG)  
 Character Certificate (all except PG)     Subject Selection Form (AS & A2)     External Exam Result (AS & A2)

**ADMIT TO CLASS**

Class Admit Slip     ID Card     Calendar     Student Handbook

Accounts Officer Signature \_\_\_\_\_ Date \_\_\_\_\_