

Student Admission Form



Please attach a passport size photo of your child here.

Please complete this form in BLOCK CAPITALS and hand it to the admissions team or email it to admissions@networkintlschool.com. All sections must be filled out before submitting the form.

Please attach a copy of the students' passport, dual passport (if applicable), and/or birth certificate, immunisation history, passport size photo and a copy of the most recent school report.

OFFICE USE	
Initial Enquiry	
Waiting List	S / I / L
Name	
Gender	
Nationality	
Class	
Academic Year	
Observation Date	
Observation Result	Success / Unsuccessful
Start Date	
Document Checklist	
Birth Certificate/Passport	<input type="checkbox"/>
Immunisation History	<input type="checkbox"/>
Passport Photo	<input type="checkbox"/>
Most recent school report	<input type="checkbox"/>

STUDENT INFORMATION	
Please ensure that you refer to official documentation to complete this section e.g. a passport or birth certificate. <u>The forename and surname are compulsory and must be filled in.</u>	
* Forename	
Middle Name	
* Surname	
Preferred Name (nickname)	
Date of Birth (DD/MM/YYYY)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth	
Nationality (as it appears in passport)	
Dual Nationality (if applicable)	
Language(s) spoken at home	
Religion	

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PREVIOUS SCHOOLS					
	School Name	Address	Email	Date of Arrival	Date of Leaving
1.					
2.					
3.					
4.					
5.					
6.					

STUDENT BACKGROUND	
1. Does your child have special needs, either emotional or physical?	
2. What is the anticipated length of time you will have your child enrolled at Network?	

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SIBLINGS

Does the student have siblings? If yes, please provide details below.

	Name	Gender	D.O.B
1.		Male / Female	
2.		Male / Female	
3.		Male / Female	

HEALTH AND MEDICAL

<p>1. Has your child been diagnosed with any of the following: (please tick appropriate and provide details)</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Allergies</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Epilepsy</p>	
2. Does your child have any other medical issues?	
3. Does your child require a medical plan?	
4. Does your child take regular medication?	
5. Are there any dietary restrictions?	
6. Does your child have any physical restriction?	
7. Is your child immunised? (Please attach a copy of the immunisation history)	

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CONTACT 1 INFORMATION	
Relation to Student	
Title (please circle appropriate)	Mr / Mrs / Ms / Miss / Dr / Other
Forename	
Surname	
Email Address	
Occupation	
Home Address	Address Line 1
	Address Line 2
	Township
Mobile Number	
Home Number	
Work Number	

CONTACT 2 INFORMATION	
Relation to Student	
Title (please circle appropriate)	Mr / Mrs / Ms / Miss / Dr / Other
Forename	
Surname	
Email Address	
Occupation	
Home Address	Address Line 1
	Address Line 2
	Township
Mobile Number	
Home Number	
Work Number	

Which address does the student live at?	
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How did you hear about Network International School?	<input type="checkbox"/> Employer <input type="checkbox"/> Friend <input type="checkbox"/> Prospectus <input type="checkbox"/> Former Student <input type="checkbox"/> School Website	<input type="checkbox"/> Family <input type="checkbox"/> Passed Campus <input type="checkbox"/> School Event <input type="checkbox"/> Google Search <input type="checkbox"/> Other: Please specify
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EMERGENCY CONTACT	
Name	
Relation to Student	
Contact Number	

OFFICE USE	
Enrolment	
Date	
School Year	
Year Group	
House	
Term	
Form	
Student ID Number	