

Registration Form

BOY GIRL

CHILD'S FULL NAME:

CHILD'S SURNAME:

PASSPORT NO.: | | | | | | | | | | | | | | | | | | | | | |

DATE OF BIRTH: | | | | | | | | | |

PHOTOCOPIES: BIRTH CERTIFICATE PASSPORT

NATIONALITY: RELIGION:

NATIONAL IDENTITY NO.: | | | | | | | | | | | | | | | |

NAME OF PARENT:

ADDRESS (RESIDENCE):

NAME OF COMPANY:

TELEPHONE: | | | | | | | | (R) | | | | | | | | (O) | | | | | | | | (M)

E-MAIL (Please print):

NO. OF YEARS PRIMARY EDUCATION COMPLETED (excluding Kindergarten):

NAME & FULL ADDRESS OF PREVIOUS SCHOOL:

TELEPHONE: | | | | | | | | | | | | | | | | | | | | | | FAX: | | | | | | | | | | | | | | | | | | | | | |

(Please attach copies of reports from previous school / send them to the school as soon as available)

COPIES OF REPORTS FROM PREVIOUS SCHOOL: ATTACHED TO FOLLOW



FIRST LANGUAGE OF CHILD'S FAMILY

(e.g. English/French etc.):

CHILD'S STANDARD OF SPOKEN ENGLISH

(Tick best description): FLUENT FAIR POOR

NOTE ANY DISABILITIES, ALLERGIES, ETC.:

ADMISSION DATE DESIRED: | | | | | | | | | |

EXPECTED DEPARTURE DATE: | | | | | | | | | |

NAMES & AGES OF ALL OTHER CHILDREN:

REGISTRATION FEE TO BE PAID BY (Please give name / specify):

PARENT

COMPANY

OTHER

I hereby accept the Conditions of Admission to The International School of Seychelles.

SIGNATURE:

DATE: