



**PRESCHOOL APPLICATION FORM**

Applying for:  Toddler  Nursery  Kinder 1  Kinder 2

Name of Applicant (as it appears on the birth certificate or passport)

\_\_\_\_\_ *LAST NAME* \_\_\_\_\_ *FIRST NAME*

\_\_\_\_\_ *MIDDLE NAME* \_\_\_\_\_ *NICKNAME*

Date of Birth (mm/dd/yy): \_\_\_\_\_ Age: \_\_\_\_\_ Years: \_\_\_\_\_ Months: \_\_\_\_\_ Sex: \_\_\_\_\_

Place of Birth (City, Country): \_\_\_\_\_ Religion: \_\_\_\_\_

Age on date of application: Years: \_\_\_\_\_ Months: \_\_\_\_\_ Passport no: \_\_\_\_\_ Issued at: \_\_\_\_\_



Date of Application (mm/dd/yy)

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**FAMILY INFORMATION**

The legal guardians of the applicant are:

Father  Mother  Step-Father  Step-Mother  Others (Pls. specify): \_\_\_\_\_



**Father's/Male Guardian's Information**

**Father's/Male Guardian's Information**

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Nationality (as indicated in the passport)/ Type of Visa: \_\_\_\_\_

Nationality (as indicated in the passport)/ Type of Visa: \_\_\_\_\_

Employer/Business: \_\_\_\_\_

Employer/Business: \_\_\_\_\_

Industry: \_\_\_\_\_

Industry: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Tel. no.: \_\_\_\_\_

Office Tel. no.: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Mobile no.: \_\_\_\_\_

Mobile no.: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Full name of sibling	Gender	Date of birth	Age	Current School

## CONTACT INFORMATION (for billing, progress reports and correspondences)

Mailing Address 1 (PHL): \_\_\_\_\_

Home no: \_\_\_\_\_ Mobile no: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address 2 (if outside of PHL): \_\_\_\_\_

Home no: \_\_\_\_\_ Mobile no: \_\_\_\_\_ Email: \_\_\_\_\_

## EDUCATIONAL HISTORY

School last attended: \_\_\_\_\_

Address of the school: \_\_\_\_\_

Level promoted from: \_\_\_\_\_ School Head: \_\_\_\_\_

Contact details of school: \_\_\_\_\_ Email of School Head: \_\_\_\_\_

## LANGUAGE SKILLS

First language: _____				Second language: _____			
Competency	Fluent	Emergent	Weak	Competency	Fluent	Emergent	Weak
Reading				Reading			
Writing				Writing			
Speaking				Speaking			
Comprehension				Comprehension			

Language/s Spoken at Home: \_\_\_\_\_ Do both parents speak English? \_\_\_\_\_

If English is not your child's first language, kindly answer the following questions?

- At what age did you child start learning how to speak in English? \_\_\_\_\_
- Has your child taken up ESL Lessons? If so, where? \_\_\_\_\_
- If you child has taken up ESL Lessons at school
  - How many lessons did your child have in a week? \_\_\_\_\_
  - How long were these lessons? \_\_\_\_\_
  - Was your child withdrawn from any core subjects to take these lessons? \_\_\_\_\_
- If you child studied with a private tutor or language school
  - How many lessons did your child have in a week? \_\_\_\_\_
  - How long were these lessons? \_\_\_\_\_

## APPLICANT'S DEVELOPMENTAL INFORMATION SHEET

*This information helps us to assess your child's educational needs. Please complete this form as fully as possible. If there is any information that you would prefer to share in person, please approach your child's teacher.*

Has your child ever experienced difficulties settling in a new school? (If yes, please give details)

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Has your child ever had any behavioral difficulties? (If yes, please give details)

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Has your child been asked to leave school because of any behavioral/disciplinary problems? (If yes, please give details)

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Do you have any concerns about your child's development? (ie. does he/she have difficulty making friends? Does he/she only have friends who are older or younger?) (If yes, please give details)

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Has your child received any special education input in the past? (ie: an individual education program (IEP), extra help with reading/spelling, an assessment by an educational psychologist, etc.?) If yes, please give specific details and/or copies of reports which have not been passed yet to BIS.

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Do you think your child has any special educational needs? Are there any subjects or particular areas that you feel he/she needs a little extra help in? (If yes, please give details)

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Does your child have (or has ever had) any visual, hearing or motor problems? (If yes, please give details)

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Has your child participated in any advanced level classes? (ie. Gifted and Talented)

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What are your child's strengths?

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What are your child's weaknesses?

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What are your child's fears?

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How do you discipline your child?

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## CLINICAL RECORDS AND HEALTH HISTORY

IMMUNIZATION	DATE 1st	DATE 2nd	DATE 3rd	DATE	DATE	DATE
Pollo *						
DPT Diphtheria/ Pertusis/ Tetanus *						
DT Diphtheria/Tetanus						
HIB (Haemophilous Influenza B)						
MMR (Measles, Mumps and Rubella)						
Typhoid						
Hepatitis A						
Hepatitis B						
BCG (Tuberculosis)						
Meningitis A & C						
Japanese encephalitis						
Any other						
* initial series given in infancy						

Has any problem occurred at birth? (Yes: \_\_\_\_\_ )

What is your child's blood type?

Medication/s taken on a regular basis:

Any known allergies to environment (particles)/food	Any known allergies to ingestants (medication)

Has your child ever been hospitalized? ( ) Yes ( ) No      How many times? \_\_\_\_\_

If so, for what?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Illness	Date or NA	Illness	Date or NA
Chicken Pox		Heart Problems	
Rubella		Epilepsy	
Measles		Febrile Convulsion	
Mumps		Meningitis	
Pertussis		Diabetes	
Poliomyelitis		Asthma	
Tuberculosis		Chronic ear infection	
Hepatitis A		Urinary Tract Infection	
Hepatitis B		Eczema	
Behavioral Disorders		Other	

Do you have any other worries concerning your child's health? (Please explain)

\_\_\_\_\_

\_\_\_\_\_

Student's Pediatrician:

Hospital/Clinic:

Contact Details:

## CLINICAL RECORDS AND HEALTH HISTORY

### HEALTH CARD/INSURANCE POLICY DETAILS

Health Card Provider: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ Card Number: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*Please note that it is mandatory that this medical insurance covers accidents and injuries from sports and other activities*

### AUTHORIZATION

I hereby give/do not give my consent to have my son/daughter undergo in the health procedures listed below:

- 1) First aid treatment in school medical room  Yes  No
- 2) Permission for minor medications paracetamol/  
non-prescription  Yes  No
- 3) Before taking the student to hospital in case of emergency, every effort will be made to contact you or the name  
emergency contact first)  Yes  No

I undertake to pay any cost arising from such treatment and from injury or illness while at Britesparks International School or any school related activity.

It is the parents' responsibility to inform Britesparks International School of any update regarding the child's medical record.

Parent/Guardian Signature over Printed Name : \_\_\_\_\_ / Date (dd/mm/yy): \_\_\_\_\_

# Conditions for Enrollment

The submission of the Application Form for my child at Britesparks International School implies the following:

- I agree to abide by the rules and procedures of the School as set out by the Board of Governors and the Leadership Team.
- I understand that all expatriate students must have an appropriate valid visa before enrollment is accepted and throughout the time of enrollment.
- I will support the learning provided by the school, read the school's newsletters and also be part of the school's contact list and my child's class Emergency Contact List.
- I understand and agree that the school shall not be liable for any injury or any loss or damage of any kind whatsoever which my child may sustain at any given time either within the School premises, or on authorized field trips, which is not directionly and soley attributed to the negligence of the school.
- I understand that the School, for any just and valid reason/s after due process, may requirue the withdrawal of a student from the School as may be determinded by the School Principal and School President. Reasons for this may include, but are not limited to, the student's inability to participate in or benefit fully from the School's curriculum or the parents'/ guardians' failure to cooperate with the School to support the needs of a student. The School's decision is final.
- I grant consent for the use of photographs, video, films, written or visual class works for my child on the school website, and/or for advertising and/or for the school's printed materials.
- I understand that the School welcomes parent interaction and I also understand that timely, constant and respectful communication between home and school is greatly important to help in the development of the child.
- I understand that at the discretion of the School Principal and School President, the school reserves the right to expel or temporarily suspend a child from school for inappropriate behavior or non-payment of the tuition fees.
- I accept that written notice for withdrawal must be given in writing addressed to the School President one month prior to the end of each term. Failure to comply with these requirements will entitle the School to full payment of the fees for the following term in respect of each child to be withdrawn.
- I confirm that I have read and understood all terms and conditions of my child's/children's enrollment including but not limited to those contained in the admission pack. I also agree to be bound by these written terms and conditions which will prevail over any other representations, verbal or otherwise, unless signed by the School Principal and/or School President.

## DECLARATION AND SIGNATURE

I declare that the information on this form is true and correct. I acknowledge that incorrect information or withholding of relevant information provided in this application might invalidate and/or cancel the enrollment of my child.

I have read and I fully understand the above terms and conditions and express my agreement to comply with the schools policies set out above and in the student handbook.

\_\_\_\_\_  
Father's/Male Guardian's Signature over Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's/Female Guardian's Signature over Printed Name

\_\_\_\_\_  
Date