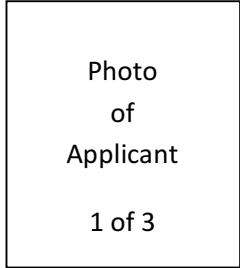


**PROMISE**

AN INTERNATIONAL SCHOOL

**STUDENT APPLICATION**

## Student Information



Full Name *(as in passport or ID card)* \_\_\_\_\_

Preferred first name \_\_\_\_\_ *(name friends or teacher will use)*

Gender  Male  Female

Date of birth \_\_\_\_\_

Student's residential address \_\_\_\_\_  
\_\_\_\_\_

Student's mobile phone number \_\_\_\_\_

Country of birth \_\_\_\_\_

Nationality \_\_\_\_\_ Ethnic group/Home State: \_\_\_\_\_

Passport No *(if applicable)*: \_\_\_\_\_

If foreign national, list Visa type and No. Visa: \_\_\_\_\_ No.: \_\_\_\_\_

While attending the School, student will reside with

Both parents  Father  Mother  Guardian/s

Main Language spoken at home  English  Other \_\_\_\_\_

When do you wish your child to start at the School? \_\_\_\_\_

In what year level will your child start? eg Year 1 \_\_\_\_\_

Present School / Most recent School \_\_\_\_\_

Present year level / Year completed \_\_\_\_\_

Religion: \_\_\_\_\_ Denomination: \_\_\_\_\_ (optional)

### Schooling history

Name of Schools/Childcare/Kindergarten previously attended	Year Levels	Years (eg 2000 – 2005)	Full-time or part-time

## Student Learning and Development

Does your child have a special need which may impact learning? <small>If yes, please identify type.</small>	Yes	No
ADD/ADHD		
Anxiety Disorder		
Auditory Processing Difficulty		
Autism/Asperger's Syndrome		
Dyslexia		
Eating Disorder		
Foetal Alcohol Syndrome		
Hearing Impairment		
Intellectual Impairment		
Learning Difficulty		
Mental Health Concerns		
Non Verbal Learning Disorder		
Post-Traumatic Stress Disorder		
Physical Impairment		
Reactive Attachment Disorder		
Social/Emotional		
Self-Harm		
Speech/Language Difficulty		
Vision Impairment		
Other (please give details)		

If your child has one of the listed special needs, how does it impact on the student as a learner and in the school environment? Please attach details.

\_\_\_\_\_

Has a specialist ever assessed the student for exceptional development, learning or behavioural characteristics?  Yes  No

If yes, please give details and attach any related documentation \_\_\_\_\_

Has your child ever received "Learning Support" assistance?  Yes  No

If yes, for what subjects/skill areas? \_\_\_\_\_

Has your child ever been suspended, expelled or excluded from another school or childcare facility?

Yes  No

If yes, please give details? \_\_\_\_\_

Has your child ever been involved in disciplinary action resulting from involvement in/with bullying, fighting, drugs, alcohol or tobacco usage?

Yes  No

If yes, please give details? \_\_\_\_\_

Are there any other facts that the School should know about your child?  Yes  No

If yes, please give details? \_\_\_\_\_

## Student's Special Interests

Please indicate your child's special areas of interest or expertise.

<input type="checkbox"/>	Community Service	<input type="checkbox"/>	Singing	<input type="checkbox"/>	Tennis
<input type="checkbox"/>	Leadership	<input type="checkbox"/>	Chess	<input type="checkbox"/>	Badminton
<input type="checkbox"/>	Student Council	<input type="checkbox"/>	Information Technology	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	School Yearbook	<input type="checkbox"/>	Graphic Design	<input type="checkbox"/>	Softball
<input type="checkbox"/>	Visual Arts	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Futsal
<input type="checkbox"/>	Drama	<input type="checkbox"/>	Football / Soccer	<input type="checkbox"/>	Swimming
<input type="checkbox"/>	Instrumental Music	<input type="checkbox"/>	Cricket	<input type="checkbox"/>	

Please list any special achievements or awards, or talents and areas of interest the student has extra to those listed above.

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## Physical Development and Health

Has your child's physical development been normal?  Yes  No

If no, please give details \_\_\_\_\_

Has your child had a hearing check?  Yes  No

If yes, does your child have any issues and/or need to wear any device? \_\_\_\_\_

Has your child had a vision check in the last two years?  Yes  No

If yes, does your child have any issues and/or need to wear lenses? \_\_\_\_\_

List any medication which your child is taking regularly. \_\_\_\_\_

Other important medical information which the School should be aware of \_\_\_\_\_

\_\_\_\_\_

Has your child been diagnosed with any infectious/communicable illness or condition? (eg tuberculosis, Hepatitis C, HIV/AIDS)  Yes  No

If yes, please give details \_\_\_\_\_

Please provide information for any question to which you answer Yes. Include any action to be taken if required. Please attach additional information where necessary.

### Immunisations

### Month

### Year

<input type="checkbox"/> DPT (Diphtheria, Pertussis, Tetanus)	_____	_____
<input type="checkbox"/> TB (Tuberculosis)	_____	_____
<input type="checkbox"/> Polio	_____	_____
<input type="checkbox"/> Hepatitis B	_____	_____
<input type="checkbox"/> Hepatitis C	_____	_____
<input type="checkbox"/> Typhoid	_____	_____
<input type="checkbox"/> MMR (Measles, Mumps, Rubella)	_____	_____
<input type="checkbox"/> Rabies	_____	_____
<input type="checkbox"/> Other _____	_____	_____

Does your child suffer from or has your child been diagnosed with any of the following medical conditions?

Condition	Yes	No	Details Please provide information for any question to which you answer Yes. Include any action to be taken if required. Please attach additional information where necessary.
Allergies <ul style="list-style-type: none"> <li>• Foods</li> <li>• Ointments</li> <li>• Band-aids/elastoplasts</li> <li>• Penicillin</li> <li>• Other drugs</li> <li>• Anaesthetic</li> <li>• Plants</li> <li>• Animals</li> <li>• Any Other</li> </ul>			
Anaphylaxis			
Asthma or respiratory problems			
→ Puffer/Spacer required			
Back, bone, joint or muscular problems			
Behavioural/emotional disorders			
Blood pressure			
Brain or head injury			
Blackouts/Dizzy spells			
Cancer			
Chronic Fatigue			
Convulsions			
Diabetes			
Epilepsy			
Glandular Fever			
Hay Fever			
Heart problems			
Kidney problems			
Migraine			
Phobias			
Skin problems			
Surgical operations			
Tourette Syndrome			
Travel sickness			
Any recent illness			
Any infectious illness			

# Family Information

## Person 1 – Responsible for Child’s Education and Contact with the School

Relationship to child  Mother  Father  Other \_\_\_\_\_

Title (Rev/Dr/Mr/Mrs/Ms) \_\_\_\_\_

Full Name \_\_\_\_\_

First name (*name most used*) \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Postal address (If different from home address) \_\_\_\_\_

\_\_\_\_\_

Home phone no. (Include country and area codes) \_\_\_\_\_

Mobile number \_\_\_\_\_

Email address \_\_\_\_\_

Occupation \_\_\_\_\_

Employer category  Private  Public  Govt  Other \_\_\_\_\_

Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_

Nationality \_\_\_\_\_

Are there any court orders or legal documentation relating to this child? Yes No

If yes, please give details and attach copies of documentation.

\_\_\_\_\_

First language/ spoken at home  English  Other \_\_\_\_\_

### Understanding of English (Person 1) :

Spoken English  Good  Some  None

Written English  Good  Some  None

The School has a Christian faith foundation.

- I share a Christian faith and I am willing to support the Christian ethos of the School.
- I do not share a Christian faith but I am willing to support the Christian ethos of the School.

I would like to enrol my child with PROMISE - AN INTERNATIONAL SCHOOL.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Person 2 – Responsible for Child’s Education and Contact with the School

Relationship to child  Mother  Father  Other \_\_\_\_\_

Title (Rev/Dr/Mr/Mrs/Ms) \_\_\_\_\_

Full name \_\_\_\_\_

First name (*name most used*) \_\_\_\_\_

Home address \_\_\_\_\_

Postal address (If different from home address) \_\_\_\_\_

Home phone no. (Include country and area codes) \_\_\_\_\_

Mobile number \_\_\_\_\_

Email address \_\_\_\_\_

Occupation \_\_\_\_\_

Employer category  Private  Public  Govt  Other \_\_\_\_\_

Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_

Nationality \_\_\_\_\_

Are there any court orders or legal documentation relating to this child in regard to Person 2?

Yes  No If yes, please give details and attach copies of documentation.

First language/ spoken at home  English  Other \_\_\_\_\_

### Understanding of English (Person 2) :

Spoken English  Good  Some  None

Written English  Good  Some  None

The School has a Christian Faith Foundation.

- I share a Christian faith and I am willing to support the Christian ethos of the School.
- I do not share a Christian faith but I am willing to support the Christian ethos of the School.

I would like to enrol my child with PROMISE - AN INTERNATIONAL SCHOOL.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The primary purpose of collecting this information with regard to parents or guardians of a pupil seeking enrolment at PROMISE - AN INTERNATIONAL SCHOOL is to assist the School in ascertaining whether we are able to provide suitable schooling for your child. Personal or sensitive information is confidential and is stored on a secured database. Failure to disclose accurate information may affect enrolment.



## Other Authorised Adults who may have involvement with the child while at school.

Relationship to Child  Mother  Father  Other \_\_\_\_\_

Title (Rev/Dr/Mr/Mrs/Ms) \_\_\_\_\_

Full name \_\_\_\_\_

First name (*name most used*) \_\_\_\_\_

Home address \_\_\_\_\_

Home phone no. (Include country and area codes) \_\_\_\_\_

Mobile number \_\_\_\_\_

Email address \_\_\_\_\_

Occupation \_\_\_\_\_

Workplace \_\_\_\_\_

Work phone number \_\_\_\_\_

Are there any other details you would like to tell us: \_\_\_\_\_

\_\_\_\_\_

## Other Family Members

Other children in the family – not enrolled with the School

Name: \_\_\_\_\_ age \_\_\_\_\_

Name: \_\_\_\_\_ age \_\_\_\_\_

Name: \_\_\_\_\_ age \_\_\_\_\_

Name: \_\_\_\_\_ age \_\_\_\_\_

Other children in the family - studying at the School

Name: \_\_\_\_\_ Year Level \_\_\_\_\_

Name: \_\_\_\_\_ Year Level \_\_\_\_\_

Name: \_\_\_\_\_ Year Level \_\_\_\_\_

Has your family had any previous involvement in the School  Yes  No

If yes, please give details? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contact (other than parents)

Relationship to Child \_\_\_\_\_

Title \_\_\_\_\_

Full name \_\_\_\_\_

First name (*name most used*) \_\_\_\_\_

Gender  Female  Male

Home address \_\_\_\_\_

\_\_\_\_\_

Home phone number \_\_\_\_\_

Mobile number \_\_\_\_\_

Email address \_\_\_\_\_

Occupation \_\_\_\_\_

Workplace \_\_\_\_\_

Work phone number \_\_\_\_\_

Are there any other details/information you would like to /feel you need to tell us:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Application Checklist

Please attach copies of the following information:

- Completed application form
- Birth Certificate or equivalent (MUST be provided)
- 2 recent passport-sized photographs (extra)
- Copy of Student's Passport / NRC / National ID card (MUST be provided)
- Copy of parent's proof of address
- Court documents (if applicable relating to custody,if applicable)
- School reports (most recent year's records)
- Medical information (where needed to support medical care)
- Health questionnaire
- ESL Assessment (if applicable)
- Special Needs documentation/Paediatrician reports/IEP etc. (if applicable)
- In-house testing results (where applicable)
- Elective subject choice form (secondary students where applicable)
- Application fee – Ks. 50,000 (\$50 US) – non-refundable.

# Enrolment Process

## First Contact

Contact Us!

- Face to face, phone or email enquiry
- Attend a tour of the School (if possible)
- Attend an information session (where possible)

## Commence the Enrolment Process



- Application can be submitted by post, email or in person
- To ensure a timely enrolment process please include:
- Application form, lodgement fee and supporting information as per application checklist
- Child's birth certificate, passport and photographs
- Recent reports & relevant information

## Enrolment Consideration



- The School will review the application
- Further testing may be required for some students

## Enrolment Interview



- The School will contact you to arrange a suitable time
- You will meet with a Senior Staff member

## Securing a Placement



- The School will contact you to advise if a place is secured
- Required forms are to be submitted
- Signed enrolment contract to be submitted
- Enrolment Bond\* is paid
- The School will issue you copies of the contract

## Getting Ready for Day 1

day 1

- Registrar will arrange a start date with you
- You will receive an information letter and receipt
- Purchase uniforms, books and equipment

\*Enrolment Bond (refundable on termination of enrolment with statutory notice) – half year's fees. In final term of enrolment with notice, bond is transferred to operating account in lieu of fees.