DAWN INTERNATIONAL SCHOOL

Attach passport photo x2

ADMISSION FORM

Child's Surname		Forename	
Date of Birth		Religion	
Male/Female		Nationality	
Previous school *(if applicable)*		Expected start date	

Father's Surname		Forename	
Place of Work		Profession	
Address		Telephone	
Email:		Signature	

Mother's Name		Forename	
Place of Work		Profession	
Address		Telephone	
Email:		Signature	

Please draw a map to your home from the closest main road or landmark.

Child's Mother Tongue							
Level of English Acquisition *(please tick)*		Fluent		Medium		Beginner	

Emergency Contact Name			
Telephone		Email	
Relationship to Child			

Has your child had any serious illnesses, behavioural difficulties, operations or acute conditions which the school needs to be aware of?

Please note dietary requirements and food intolerances/allergies:

DECLARATION

We/I confirm that the information given is accurate and acknowledge that any false information may lead to the withdrawal of my/our child's place in the school.

We/I agree to abide by the schools policies and will work with the school to ensure my child is aware of school expectations.

Parent Signature		Parent Signature	
Parent Name		Parent Name	

PLEASE ATTACH THE FOLLOWING:

Passport size photograph of the child, the mother and the father.

A copy of the child's birth certificate or passport.

A copy of the most recent school report.

A copy of the child's immunization record must be attached to the health form.

FOR OFFICIAL USE