



**COLOMBO INTERNATIONAL SCHOOL**  
 28, GREGORY'S ROAD, COLOMBO 07, SRI LANKA.  
 TEL : (94) 11 2697587 FAX : (94) 11 2699592  
 E-MAIL: [registrar@cis.lk](mailto:registrar@cis.lk) WEBSITE: [www.cis.lk](http://www.cis.lk)

Please attach recent photograph of the student

**STUDENT APPLICATION FORM**

ADMISSION IN: MONTH / YEAR

CLASS TO WHICH ADMISSION IS SOUGHT : \_\_\_\_\_ (PLEASE SEE OVERLEAF FOR AGE GROUPS)

NAME OF STUDENT (MASTER / MISS) : \_\_\_\_\_  
 GENDER: \_\_\_\_\_ (FIRST NAME) \_\_\_\_\_ (SURNAME)

DATE OF BIRTH : \_\_\_\_\_ (DD/MM/YYYY) AGE AS AT 1<sup>ST</sup> SEPTEMBER : \_\_\_\_\_ Y \_\_\_\_\_ M

NATIONALITY : \_\_\_\_\_ RELIGION : \_\_\_\_\_

SCHOOLS ATTENDED WITH DATES & GRADES - (PLEASE ATTACH RECENT PERFORMANCE REPORTS)

NAME OF SCHOOL	COUNTRY	DURATION	CLASSES

PARENT'S OR GUARDIAN'S FULL NAME : \_\_\_\_\_

OCCUPATION (PLEASE SPECIFY) : \_\_\_\_\_

HOME ADDRESS : \_\_\_\_\_

TELEPHONE : \_\_\_\_\_ E-MAIL : \_\_\_\_\_

NAME OF ORGANISATION : \_\_\_\_\_

BUSINESS ADDRESS : \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE (S): \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NAMES & CLASSES OF ANY RELATIVES STUDYING/HAVE STUDIED AT CIS:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

DATE: DD / MM / YYYY

SIGNATURE : \_\_\_\_\_

PLEASE READ AND SIGN THE DECLARATION OVERLEAF

## DECLARATION

**IN TERMS OF UNDER MENTIONED SCHOOL RULES CURRENTLY IN FORCE, I HEREWITH UNDERTAKE:**

1. TO PAY THE REGISTRATION AND DEPOSIT AS SOON AS MY CHILD IS OFFERED A PLACE AT THE SCHOOL. (**NURSERY TO YEAR 11 ONLY**)
2. TO GIVE THE SCHOOL AT LEAST THREE CALENDAR MONTHS NOTICE IN WRITING IN CASE OF WITHDRAWAL OF MY CHILD, FAILING WHICH I AGREE TO PAY THE APPROPRIATE TERM FEE.
3. TO PAY THE TERM FEES REQUIRED FOR ALL TERMS AT LEAST FOURTEEN (14) DAYS BEFORE THE COMMENCEMENT OF EACH TERM UNTIL MY CHILD IS OFFICIALLY WITHDRAWN FROM SCHOOL REGARDLESS OF ATTENDANCE.
4. TO SEND MY CHILD TO SCHOOL REGULARLY AND IN TIME AND NOT TO KEEP MY CHILD AWAY FROM SCHOOL EXCEPT IN CASE OF ILLNESS WHEREBY A LETTER OF EXPLANATION WILL BE SENT TO THE CLASS TEACHER.
5. TO CO-OPERATE WITH THE SCHOOL AUTHORITY AS FAR AS HOMEWORK AND DISCIPLINE ARE CONCERNED.
6. TO ACCEPT AND BE GUIDED BY THE REGULATIONS OF THE SCHOOL.
7. TO SEND MY CHILD IN SCHOOL UNIFORM AND WITH PE KIT AND REQUIRED SCHOOL BOOKS AND STATIONERY ETC.,
8. TO DISCLOSE ANY OTHER RELEVANT INFORMATION CONCERNING MY CHILD WITH REGARD TO MEDICAL, EDUCATIONAL SPECIAL NEEDS OR ANY OTHER DISCIPLINARY ISSUES INVOLVING HIM/HER.

DATE: DD / MM / YYYY

SIGNATURE (*Parent / Guardian*): \_\_\_\_\_

**THE AVERAGE AGE FOR STUDENTS IN EACH CLASS IS SHOWN BELOW:**

SECTION	CLASS	AGE GROUP
<b>INFANT</b>	NURSERY	2+ TO 3+
	PRE-RECEPTION	3+ TO 4+
	RECEPTION (KG1)	4+ TO 5+
	YEAR 1 (KG2)	5+ TO 6+
	YEAR 2 (PR 1)	6+ TO 7+
<b>JUNIOR</b>	YEAR 3 (PR 2)	7+ TO 8+
	YEAR 4 (PR 3)	8+ TO 9+
	YEAR 5 (PR 4)	9+ TO 10+
	YEAR 6 (PR 5)	10+ TO 11+
<b>SENIOR</b>	YEAR 7 (FORM 1)	11+ TO 12+
	YEAR 8 (FORM 2)	12+ TO 13+
	YEAR 9 (FORM 3)	13+ TO 14+
	YEAR 10 (FORM 4)	14+ TO 15+
	YEAR 11 (FORM5)	15+ TO 16+
	YEAR 12 (LOWER 6)	16+ TO 17+
	YEAR 13 (UPPER 6)	17+ TO 18+

### FOR OFFICE USE ONLY

Application received on : \_\_\_\_\_

Updated on SIMS : \_\_\_\_\_

Date/Time of Entry test : \_\_\_\_\_

Raise invoice Due date: DD / MM / YYYY Approval of Registrar: \_\_\_\_\_

Payment made on : \_\_\_\_\_

Date joined : \_\_\_\_\_

