COLOMBO INTERNATIONAL SCHOOL

175, PARANAGANTOTA ROAD, MAWILMADA, KANDY, SRI LANKA.
TEL : (94) 81 2334298 FAX : (94) 81 2334298
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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) : _____ _____
(FIRST NAME) **(SURNAME)**

GENDER: _____ **DATE OF BIRTH:** _____ (DD/MM/YYYY) **AGE AS AT 1ST 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** : _____ / _____
Mother **Father**

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REQUIRED FOR ALL TERMS AT LEAST FOURTEEN (14) DAYS BEFORE THE COMMENCEMENT OF EACH TERM UNTIL MY CHILD IS OFFICIALLY WITHDRAWN FROM SCHOOL REGARDLESS OF ATTENDANCE.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)*:** _____ / _____
Mother **Father**

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

SECTION	CLASS	AGE GROUP
INFANT	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+
JUNIOR	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+
SENIOR	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 : _____