

### APPLICATION FORM

#### STUDENT DETAILS

Surname/Family Name:	First Name:	Middle Name:
Date of Birth (DD/MM/YY):	Age:  Years      Months	MALE/FEMALE:
Nationality (According to Passport):	Country of Birth:	Passport Number: Date Issued: Date of Expiry:
Home Address:	CPR Number:	Desired date of Admission:  Year level applying:

**Present School or Last School Attended:**

Name and Address:

\_\_\_\_\_

Year Group: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_

Siblings:

Name	D.O. B	Current School	Applying for EtonHouse	
			Yes	No
			Yes	No
			Yes	No

Mother/Guardian 1	Father/Guardian 2
Relationship to Child:	Relationship to Child:
Complete Name:	Complete Name
CPR/ Passport Number:	CPR/ Passport Number:
Nationality (According to Passport):	Nationality (According to Passport):
Occupation:	Occupation
Mobile Number:	Mobile Number:
Email Address:	Email Address:
Employer Name/Company:	Employer Name/Company

### Student Medical History

**Medical information noted will be made available to EtonHouse teachers and staff. It is treated with confidence.**

**Does your child have any of the following?**

Allergies (food, meds, insect)	Yes	No	Frequent Headaches	Yes	No
Asthma	Yes	No	Hearing Problems	Yes	No
Diabetes	Yes	No	Heart Disorder	Yes	No
Epilepsy/Seizure Disorder	Yes	No	Hepatitis A/B/C	Yes	No
Anxiety Disorder	Yes	No	Scoliosis	Yes	No
Chicken Pox	Yes	No	Skin Problem	Yes	No
Gastrointestinal Disorder	Yes	No	Vision Problems	Yes	No
Frequent Nosebleeds	Yes	No	Sickle Cell Anaemia	Yes	No
Haemophilia/Thalacaemia	Yes	No	Fits/Convulsions	Yes	No
Measles	Yes	No	Bone/Joint Disease	Yes	No

1. If you have answered yes to any of the above or your child has any additional medical concerns, please explain in detail:

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2. Has your child had any major operations? Yes \_\_\_\_ No \_\_\_\_  
If yes, please give more details (type & date):

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3. Does your child need to use any kind of medical device- inhaler, EpiPen etc? Yes \_\_\_\_ No \_\_\_\_  
(This will require a backup to be stored with the EtonHouse Nurse)

If you have ticked YES, please give more details: \_\_\_\_\_

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4. Does your child take regular medication? Yes \_\_\_\_ No \_\_\_\_

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5. Please note your Child's blood type (if known) \_\_\_\_\_

#### **EMERGENCY CONTACT**

In case of an accident/illness and both parents cannot be reached please contact (**OTHER THAN PARENTS**):

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

Relationship to student: \_\_\_\_\_

Mobile/Home phone: \_\_\_\_\_

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

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

***NOTE: It is the responsibility of the parents to inform the school if their child has a contagious illness that may potentially harm other students or EtonHouse staff.***

***It is the responsibility of the parents to update above information as needed.  
Telephone/mobile numbers and email addresses are extremely important.***

### Student Support Service

1. Has your child ever been diagnosed with any of the following

Autism	Yes	No	Language Delay	Yes	No
Asperger's Syndrome	Yes	No	Developmental Delay	Yes	No
ADHD/ADD	Yes	No	Dyslexia	Yes	No
Physical Disability	Yes	No	Dyspraxia	Yes	No
Speech Impairment	Yes	No	Mathematical Disability	Yes	No

Other please explain:

- Has your child ever been supported by a special program (i.e. gifted and talented, learning difficulty, speech language therapy, resource, behavioural etc.) or had any individualized testing (i.e. intelligence testing, writing, reading and math diagnostics and/or psycho educational testing?)

If yes, please outline details of the report and provide a copy of any written documentation.

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- Has your child ever repeated a year level?  Yes  No

If yes, which year and please provide details: \_\_\_\_\_

- Has your child ever been suspended, asked to leave or dismissed from school? Yes  No

If yes, please provide details: \_\_\_\_\_

- Does your child have any physical ailments which could affect participation in physical education classes?
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- Is your child entering Nursery or Reception? Yes \_\_\_ No \_\_\_ NA \_\_\_

If yes, please encircle the following:

- |                               |     |    |
|-------------------------------|-----|----|
| My Child is toilet trained    | Yes | No |
| Child can dress independently | Yes | No |
| Child can eat independently   | Yes | No |

- Do your religious beliefs forbid your child from eating certain food?

Yes  No  If yes, please specify: \_\_\_\_\_

### **APPLICATION CHECKLIST**

**In addition to this completed application and medical form, the following documentation is essential and must be included as part of the application process**

Copy of Child's most recent school report		2 passport sized photographs	
Copy of child's passport		Copy of both parent's passport	
Copy of child's CPR		Copy of both parent's CPR	
Copy of Immunization Record		Learning Support Information	
Previous School Transfer Certificate		Terms and Conditions Form	

**\*LEARNING SUPPORT INFORMATION:** Please list any relevant information such as, Learning Support Provision including Gifted and Talented, Advanced Classes taken, Disciplinary Problems or Special Accomplishments and Achievements, etc. It is essential that all relevant information be given at the time of application.

# EtonHouse® Kindergarten

## Invoice/Billing Information Details (must be completed)

<b>School fees are paid by: Please check applicable</b> Employer of Parents _____ Parents _____ Others (Please specify) _____		
Parents Employer Name:	Compound/Bldg. Name:	
Parents Employer Address:	Villa No./Flat No.:	Road No.:
Employer Contact Person/ Email Address:	Block No.:	Area:
To whom should the invoice be addressed:	FOR ADMIN USE ONLY	
EMPLOYER OF PARENTS <input style="width: 50px; height: 20px; margin-left: 10px;" type="checkbox"/>	ACTUAL ENTRY DATE	CHILD OF STAFF YES ___ NO ___
PARENTS <input style="width: 50px; height: 20px; margin-left: 10px;" type="checkbox"/>	INVOICE NUMBER	STUDENT NUMBER

### SCHOOL FEE- GENERAL TERMS AND CONDITIONS

#### Registration Fee

A **non-refundable** Registration Fee is payable upon registration of the student at the School.

#### Tuition Fee

- EtonHouse has a no-discount policy regarding school fees unless agreed with Management.
- School fees are annual and can be billed annually or bi-annually (August and February) or Term 1 payable June 1<sup>st</sup>, Term 2 payable November 15<sup>th</sup> and Term 3 payable March 1<sup>st</sup>.
- The fee will be billed **before** commencement of the school term and payment must be settled promptly. Please understand that this helps us understand how many students are enrolled and allows us to secure you child's place in the class.
- A minimum of **8 weeks** withdrawal notice in writing is required. Failure to do so will result in administrative delays in the preparation of student records for the departing student and no refunds will be given.

*I agree to abide by the conditions of enrolment. I am responsible for the payment of all fees for the student named below.*

Name of Child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

# EtonHouse®

## Kindergarten

### PARENT/GUARDIAN AGREEMENT

I (we) give permission for my child to attend class excursions for the academic year. <i>*Parents will be informed when excursions will take place.</i>	YES	NO
I (we) agree that photographs, work or film that my child may appear in or contribute to, may be published in materials, brochures, website, in advertisements or press releases for EtonHouse Education Group.	YES	NO
I have read and will abide by the regulations relating to payment of tuition and other fees and charges.	YES	NO
I (we) agree to follow all of the school procedures, regulations and policies. I (we) have provided all relevant information in this application form and it is accurate and true to the best of our knowledge.	YES	NO

Parent/Guardian Signature: \_\_\_\_\_

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

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#### Pick up and Drop off

Name of person dropping off and picking up the student (Other than parents):

\_\_\_\_\_

Relationship to the student:

\_\_\_\_\_

CPR Number: \_\_\_\_\_

Contact Number/s \_\_\_\_\_