



FOR OFFICIAL USE ONLY

PHOTO

Male  Female

### PERSONAL DETAILS (Please fill in block letters only)

Child's Surname:  Child's Given Name:

Date of Birth:         Nationality: \_\_\_\_\_

Passport Number:  Date of Issue:

Place of Issue: \_\_\_\_\_ Date of Expiry:

Home Address (if different) \_\_\_\_\_

\_\_\_\_\_

Locality \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ Zip

Home Telephone: +

Father's Name:

Company Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Father's Phone: +         E-Mail: \_\_\_\_\_

Mother's Name:

Company Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Mother's Phone: +         E-Mail: \_\_\_\_\_

Family's Personal E-Mail: \_\_\_\_\_

Most Recent School \_\_\_\_\_

Year Entered \_\_\_\_\_ Year Left \_\_\_\_\_ Current Grade \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Average final marks in core subjects \_\_\_\_\_

Previous two schools attended:

	Name of School	Location	Telephone	Reason for Leaving
i				
ii				

- Do you need boarding facilities? If yes, please fill in the boarding application form B1 & B2 as well. Yes  No
- 1. Weekly Boarder  or Full Boarder  2. A/C Room  or Non A/C Room

- Extra-curricular or community service interests in previous schools

i \_\_\_\_\_ ii \_\_\_\_\_ iii \_\_\_\_\_

Native Language \_\_\_\_\_ Fluency in others \_\_\_\_\_

Please indicate any health problems to assist us in ensuring pre-medical care (allergies, dietary restrictions, etc.)

List any medication taken at present or previous with any known side effects. \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone Number: +

- Has your child ever been expelled/suspended from school? If yes, please provide details on a separate sheet. Yes  No
- Has a learning disability been identified? If yes, please provide details on a separate sheet. Yes  No
- Have any special needs been identified? If yes, please provide details on a separate sheet. Yes  No

In the best interest of your child and for the safety of our students, please inform the school if your child is under security protection of trained personnel enroute to and from the school as well as outside of school.

I certify that the above information is accurate (omission of information in Sections 11 through 15 may result in refusal/revocation of admission).

I have informed the school of a family or personal situation that can affect the daily life of my child at school or those of others.

Date:

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Signature of Parent

The following must be submitted with your application:

- Application Fees
- Proof of Date of Birth: (Birth certificate and recent Passport page) both are required.
- PIO/OCI copies for Indian origin (Foreign Nationality)
- Three Passport size photographs for Students and one photograph each for the Parents / Guardian
- Last two years' school reports
- Health History Form and Immunization Record
- Admission Declaration Form
- Admissions Checklist

Mail application to: Admissions Manager, Canadian International School Pvt. Ltd., 4 & 20, Manchenahalli, Yelahanka, Bangalore - 560 064, India