



## Pre-Nursery and Nursery Admission form

<b>FOR SCHOOL USE</b>	<b>Applicant Photo</b>  (Taken within the past three months)
Date Received: _____ Start Date: (____/____)	
Application No.: _____	
Fee Received Cheque No.: _____	
Remarks: _____	

<b>2 days</b>	<input type="checkbox"/> Tuesday & Thursday	<input type="checkbox"/> 8:30 a.m. - 1:30 p.m.
<b>3 days</b>	<input type="checkbox"/> Monday, Wednesday & Friday	<input type="checkbox"/> 8:30 a.m. - 2:30 p.m. (extended hour)
<b>5 days</b>	<input type="checkbox"/> Monday to Friday	

### PERSONAL DETAILS OF APPLICANT

Applicant's Full Name: \_\_\_\_\_ Nickname (if any): \_\_\_\_\_

Gender:     Male     Female    Date of Birth: \_\_\_\_\_ (Year/Month/Date)

Home Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_    Citizenship: \_\_\_\_\_

Applicant's First Language: \_\_\_\_\_    Other Language(s): \_\_\_\_\_

Entrance Year: \_\_\_\_\_    Grade Applying for: \_\_\_\_\_    Start Date: \_\_\_\_\_

### PLAYGROUP OR PRE-SCHOOL EXPERIENCE

School Attending	Dates Attending	Days per week/Session

### PERSONAL HISTORY OF APPLICANT

- Does your child have any known allergies?  
 No     Yes (If yes, please list allergens: \_\_\_\_\_)
- Does your child need regular medication?  
 No     Yes (If yes, what and when is it given? \_\_\_\_\_)



## APPLICATION CHECKLIST

1. Copy of student's birth certificate
2. Copies of parents' passports/identity cards.
3. Copies of any previous assessments regarding any form of learning difficulties
4. Medical records of any conditions that may affect the student while at school, For example: asthma, severe allergies, epilepsy, and diabetes.

## Part II - FAMILY DATA

Father's/Guardian's Particulars		Mother's/Guardian's Particulars	
Father's/Guardian's Name:		Mother's/Guardian's Name:	
Citizenship:		Citizenship:	
First Language:		First Language:	
Other Language(s):		Other Language(s):	
Telephone:		Telephone:	
Company Name:		Company Name:	
Position:/Title:		Position:/Title:	
Email Address:		Email Address:	
English Language Proficiency: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair		English Language Proficiency: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	

Information on the school the sibling(s) is/are currently attending:

	Name of Siblings	Gender	School	Age	Current Grade
1.					
2.					
3.					



## PARENTAL AGREEMENT

1. In the event of any injury to my child or damage to the property of my child while he/she is participating in any educational activities arranged by the school, or while on the school premises or being transported to or from the school. I will not hold the school or any member of the school staff responsible.
2. I understand that ABC Pathways International Kindergarten holds the right to take video or photos of students and their parents in classes or during school outings. ABC Pathways International Kindergarten also holds the right to use those videos and photos for promotional purposes.
3. It is understood that when a student is accepted for enrollment in the school, the student and the parents agree to comply with the school rules and regulations.
4. It is understood that if a child is not well and it is necessary to keep him / her at home, the school should be informed by telephone of the illness on the first day of absence. This is especially important if the child has a communicable disease such as chicken pox. Absentees should submit a parent's / guardian's letter or medical doctor's letter to the School Office.
5. If my child needs to take medicines during school time, I must submit an authorized letter to the office with details of dosage and timings the medicines have to be administered.

Signature of Parents/ Guardians:

Date:

\_\_\_\_\_

\_\_\_\_\_