DEBIRUSS SCHOOL

Application Form

Please complete in block capitals and return promptly

Pupil's Surname _____

First Name _____ **Middle Name** _____

Date of Birth _____ **Sex** _____

Father's Name _____ **Occupation** _____

Mother's Name _____ **Occupation** _____

Nationality _____ **Religion** _____

State of Origin _____

Contact Address _____

_____

Father's Telephone Number _____ **(Mobile)** _____

Email Address _____

Mother's Telephone Number _____ **(Mobile)** _____

Email Address _____

List of pupil's most recent and previous schools with dates attended _____

_____

_____

_____

_____

Which class is your child at presently? _____

Has your child ever received learning support? _____

If so, please specify _____

Has your child ever been suspended or withdrawn from school? _____

Is English your child's main spoken and written language? _____

Is there any medical information about your child which the school needs to know? _____

When would you like him/her to start at Debiruss? _____

Does your child have any long term illness/allergies/disability? _____

If yes please give details _____

MEDICAL INFORMATION

In case of medical emergency, do you permit us to take your child to the school's doctor? YES ☐ NO ☐

If no, please give name and address of your family doctor (which must be within close proximity of the school).

Child's Card No _____ **Parent/Guardian Signature** _____ **Date** _____

1. **Has your child/ward been immunized against the following illnesses? Kindly indicate with Y for yes or N for no**

☐ • Small Pox	☐ • Chicken Pox	☐ • Hepatitis
☐ • Tetanus	☐ • Whooping cough	☐ • Diphtheria
☐ • Rubella (German Measles)	☐ • Tuberculosis	☐ • Polio

☐ • **Mumps** ☐ • **Meningitis**

2. **Has your child been given any other vaccination apart from the ones stated above? (Y/N) _____**
   If yes, state type _____
3. **Does your child suffer from any of the following ailments? Kindly indicate with Y if yes or N if no.**
   ☐ • **Respiratory infection /condition** ☐ • **Ear, nose or throat problem/condition**
   ☐ • **Eye problem/condition**
4. **Does your child suffer any specific learning difficulties such as Dyslexia, ADHD? (Y/N)**
5. **Does your child have any other known medical condition or allergies? _____**
6. **Instruction for medical care in case of emergency _____**
7. **Is your child unable to take part in sports/physical activities due to any medical condition? (Y/N)**
8. **Additional information _____**
   _____

DECLARATION

I/We declare that the above information is true and complete to the best of our knowledge. Having read the introductory prospectus and received information on the school, I/we wish to register my/our child for possible admission to Debiruss School.

Receipt of this completed form will be acknowledged and will be followed, at the appropriate time, by an invitation to visit the school to meet the Head of School and to have my/our child's assessment, if and when a place is to be offered.
I/We enclosed the registration fee of ……. (for each child), which I/we understand in non-refundable, whether or not I/we accept such placement.
Signed _____Parent/Guardian Date _____
Signed _____ Parent/Guardian Date _____

None of the information provided in this application form, will adversely prejudice your child's application to Debiruss School.

Admissions to Debiruss School are considered on an equal opportunities basis with due regard to statutory legislation.

DOCUMENTS REQUIRED

The following documents should be attached to this application:

- **The most recent academic report from his/her current school**
- **A copy of pupil's birth certificate (Original copy is to be sighted)**
- **Two passport photographs**
- **A medical report from child's paediatrician or family doctor stating his/her medical fitness.**
- **Up-to-date immunization records.**
- **Photocopy of valid ID Card (Voter's ID Card, Passport, National ID, etc.) of Parents or Guardian**

FOR OFFICIAL USE ONLY

REMARKS _____

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