Application for Admission

Tel: 0905 522 300, 0905 6831 769

Date of Admission: m/_____ d/_____y/_____

After School Program:

Please check your choices:
(3:00 – 5:00) Yes ( ) No ( )
(3:00 – 6.00) Yes ( ) No ( )

VIVFLOURISH International School

Valid Applications form for Admission

CHILD'S INFORMATION

Child's First Name: _____ Child's Surname _____

Current Age: _____year(s) _____months_____

Date of Birth: (Month) _____(Day) _____ (Year) _____

Home Address:_____
_____

Mobile Telephone Number: _____

Please list the names and ages of siblings
_____
_____

FAMILY INFORMATION

Parent/Guardian

Surname: _____ First Name: _____

Work Phone: _____Mobile Phone: _____

Email Address: _____

PICK UP INFORMATION

My child can be picked up by:

Pick Up Person #1:_____
Cell Phone _____ Relationship to Child: _____

Or Pick Up Person #2:_____
Cell Phone _____ Relationship to Child: _____

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CURRENT MEDICAL INFORMATION

Name of Child's Physician: _____ Telephone Number: _____
Physician's Address:
_____

Immunization Record Attached: Yes ___ No ___ Reasons, if no
_____

My child has allergies: No _____ Not Known _____ Yes ____ if yes, please list allergens:
_____

Please comment on:
Condition that your child has that require(s) medical attention – such as diabetes, epilepsy, asthma, etc.
_____

Physical activity restrictions
_____

PAYMENT POLICIES

Kindly request for an invoice for detail payment instruction.

Family Discounts:
Family discounts apply for the second and subsequent children enrolled.

Additional Costs - There will be additional costs for, Field trips, and special events in the school.

As parent(s)/guardian(s), we consent to the collection, use and disclosure of personal information in respect of and on behalf of myself/ourselves and my/our child, which may be collected, used and disclosed as necessary for the purposes of providing education and other services, student records and administrative purposes related to Vivflourish International School and as otherwise required by law.

_____

Name of Parent/Guardian (print)

_____

Name of Parent/Guardian Signature

School Stamp