

STUDENT APPLICATION FORM



Student's Name:

Date of Birth:/...../..... Sex: Male Female Age:

Address:

Nationality:

Student Lives With: Father Mother Other

CARE GIVER'S INFORMATION

Caregiver 1's Name: Caregiver 2's Name:

Relationship to Child: Relationship to Child:

Occupation: Occupation:

Nationality: Nationality:

Relationship to Child: Relationship to Child:

Nationality: Nationality:

Place of Work: Place of Work:

Phone Numbers

Work: Work:

Mobile 1: Mobile 1:

Mobile 2: Mobile 2:

Employer: Employer:

Email: Email:

Emergency Contact 1

Name:

.....

Relationship to Child:

Work No.:

Mobile 1:

Mobile 2:

Emergency Contact 1

Name:

.....

Relationship to Child:

Work No.:

Mobile 1:

Mobile 2:

How parents may support learning

At The Stoneridge School we encourage parents to be partners in their child's learning. Are there any ways you are willing to support our teachers in delivering a rich and interesting learning program, either as a one off or a continuous activity?

- Musical abilities
- Drama talents
- Listening to children read
- Member of parent teacher association
- Share expertise from work
- Running an after-school club Sport skills
- Cooking skills
- Traditional storytelling
- Local languages

Please list any health allergies/medication that we should be aware of:

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Any other information about your child that you feel we should know?

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Doctor's Contact:

I declare that the above information is correct. I permit my child full participation in the activities which the school includes in the curriculum.

Parent/Guardian's Name:

Parent/Guardian's Signature: Date: