



APPLICATION FORM

CHILD'S INFORMATION

FOR THE ACADEMIC YEAR ____ / ____

SURNAME		M		PASSPORT SIZED PHOTO
FIRST NAME	PASSPORT NO.	F		
NICK NAME	SOCIAL INSURANCE NO.	BLOOD GROUP		
DATE OF BIRTH	AGE	PLACE OF BIRTH		
NATIONALITY		NATIVE LANGUAGE(S)		
HOME ADDRESS			HOME TELEPHONE	

MOTHER		NAME		FATHER		NAME	
DATE OF BIRTH	NATIONALITY			DATE OF BIRTH	NATIONALITY		
EMPLOYER and WORK ADDRESS				EMPLOYER and WORK ADDRESS			
OCCUPATION				OCCUPATION			
MOBIL PHONE				MOBIL PHONE			
WORK TEL.				WORK TEL.			
HOME ADDRESS (if different from Child)				HOME ADDRESS (if different from Child)			
PRIVATE E-MAIL				PRIVATE E-MAIL			
BUSINESS E-MAIL				BUSINESS E-MAIL			

SIBLINGS

	NAME		DATE OF BIRTH
1		M F	
2		M F	
3		M F	

EMERGENCY CONTACTS (if parents are not available)

	NAME	RELATION	TELEPHONE NUMBER
1			
2			

PAEDIATRICIAN

	NAME	ADDRESS	TELEPHONE NUMBER
1			

IMPORTANT INFORMATION

FOOD ALLERGIES	NO	YES	
MEDICINE ALLERGY	NO	YES	
SPECIAL CONDITIONS	NO	YES	
SPECIAL DIET	NO	YES	

PERSON(S) AUTHORISED TO COLLECT MY CHILD

	NAME	RELATION	TELEPHONE NUMBER
1			
2			
3			

DATE

NAME IN PRINT

SIGNATURE of PARENT/LEGAL GUARDIAN

2/2