

Step By Step HIGHSCHOOL Admission Form

Please affix latest
passport size
photograph in
colour

STUDENT

Please affix latest
passport size
photograph in
colour

MOTHER

Please affix latest
passport size
photograph in
colour

FATHER

Signature of Mother

Signature of Father

Candidate Information

Surname First Name

Gender: M F Date of Birth

Class in which admission is desired for the academic year

Present school

Medium of instruction

Achievements if any

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Hobbies/Interests of your child

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Parent 1

Title First Name Surname

Home Address

.....

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Work Address

Phone Details

Home Work Mobile

E-mail details

E-mail address

Preferred communication method: E-mail Paper mail

Qualification

Occupation

Parent 2

Title First Name Surname

Home Address

Work Address

Phone Details

Home Work Mobile

E-mail details

E-mail address

Preferred communication method: E-mail Paper mail

Qualification

Occupation

Family Information

Does the candidate have a sibling at Step by Step Kindergarten? Yes No

Has anybody in your family attended Step by Step Kindergarten? Yes No

If yes, please specify

If you have any other children of school age, which school are they currently attending?

Reasons for withdrawal from current school:

Reasons for joining SBS

Parents's Resource

Please indicate in the space below if you may be able to make any special contribution to SBS, such as substitute teaching, classroom volunteer, room parent, field trip chaperone, library assistance, tutoring, specialized teaching (art, music, dance, drama), coaching sports, talks to classes describing some aspect of your work or hobbies. We are keen to use talents or resources that are available in the community and that can enrich our school programme. Thank you.

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Please check the appropriate answer: Yes No

- 1. Has your child ever received a double promotion (skipped a class)?
- 2. Has your child ever been identified as gifted or talented?
- 3. Has your child ever been retained? Class:
- 4. Has your child received academic assistance during the school day?
- 5. Does your child have any major illness, allergies or physical disabilities that require special attention?

Please indicate the area of assistance

Please describe

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I/We accept that the school and its officers, teacher or staff cannot be held responsible or liable for any accident, mishap or injury that may occur to my child. I/We hereby apply for admission of the above named student to Step By Step HIGHSCHOOL and certify that the information furnished by me/us is complete and correct to the best of my/our knowledge. I/We agree that my/our child and I/we will abide by all the rules and regulations of the school. I give permission for my/our child to go on organized school trips and to participate in regular physical education, swimming and co-curricular activities.

Name Signature

Date Relationship with student

NEW STUDENT'S HEALTH FORM

NameD.O.B. Sex M F Blood Group.....

Emergency contact

Father's name Mobile No.....

Mother's Name Mobile No.

Local Guardian's Name Mobile No.

(friend/relative who will assume temporary responsibility for your child in case you can not be reached)

Preferred doctor (if any) Phone

Sibling at SBS (Name and Class)

MEDICATION PERMISSION

I give my consent to the school nurse to administer over the counter medication for common ailments. I am conscious of the fact that medication rarely may produce unwanted side effects. Yes No

For office use

Admission to class

() Accepted

() Rejected

() Rejected

Registration No.

Date of admission

Principal