



STUDENT APPLICATION

Name/Surname:

Date of birth:	Gender:	Nationality:
Phone:	E-mail:	
Town:	Country:	ZIP Code:
Previous school:	Highest qualification completed:	

Application for: (mark appropriate box)

Grade 0/Year 1 <input type="checkbox"/>	Grade 3/Year 4 <input type="checkbox"/>	Grade 6/Year 7 <input type="checkbox"/>
Grade 1/Year 2 <input type="checkbox"/>	Grade 4/Year 5 <input type="checkbox"/>	Grade 7/Year 8 <input type="checkbox"/>
Grade 2/Year 3 <input type="checkbox"/>	Grade 5/Year 6 <input type="checkbox"/>	

PARENT/GUARDIAN INFORMATION

Name/Surname of Guardian:

Phone:	E-mail:	ID/Passport No.:
Town:	Country:	ZIP Code:

FINANCIAL INFORMATION

Who is responsible for the account?

Phone:	E-mail:	Fax:
Town:	Country:	ZIP Code:

How will the account be paid? Full Course Fee: ☐ In Installments: ☐

SIGNATURES

I authorize the verification of the information provided on this form as to my application. I am fully informed and aware of all the stipulations in the agreement with the school and will abide by them without reservation.

Signature of applicant:	Date:
Name/Surname of applicant:	Relationship: