

SANDFORD INTERNATIONAL SCHOOL

APPLICATION FORM FOR INTERNATIONAL PLACE

Student's Name:					
	(First)	(Middle)	(Last)		
Date of Birth: Day _	Month	Year	Sex		
	European Calendar)			Female	
Passport No.: Country of Issue _			Religion	:	
Nationality:	County of Birt	th			
Class into which ent	ry is requested:				
	Previous Sch (European	ool Attended: Calendar)			
Name of School	Type of School	Years	Classes	Language used	
Please mark any ar	eas in which your child has	s had difficulties	s in the past.		
Reading □	Mathematics \Box	Language 🗆	Behavioral		
Please mark any ar	eas in which your child is g	gifted/ talented.			
Reading □	Mathematics \Box	Language 🗆	Language 🗆		
Others (specify):					
Give details of any c	lisability, medication likely t	to affect normal s	chool activity		
Father's Name					
	(First)	(Last))		
		Country of Issue		on	
		Country of Birth			
Occupation	Place of Work		Name of Or	·g	
	Fax:				
Home Tel.	Mobile	P.O.Box	No		

Mother's Name					
	(First)	()	Last)		
Passport No			Religion		
Nationality	Country of Birth				
Occupation	Place of Work Name of C		Name of Org		
Office Tel	Fax:	Box No	E-mail		
Home Tel	Mobile	P.O.	Box No		
Language Spoken at home _	at home Other language spoken				
Name of emergency contact Relationship			ship		
Office Tel.	Hon	ne Tel	Mobile		
Person responsible for paying fees:					
Expected date of arrival/admission					

List sisters and brothers currently attending Sandford International School

Name	Age	Grade (Year)

APPLICATION: a non-refundable cash fee of Birr 1000.00 (One Thousand Birr) is payable per application:

- This application should be submitted to the admission officer along with photocopies of birth certificate and receipt of application fee.
- Acceptance of this application does not in any way guarantee a place for your child.

Declaration:

- a. The above statements are true.
- b. I have provided proof of Date of Birth and nationality.
- c. If a place is offered, I will inform the school within 7 (seven) working days whether it is accepted, and if accepted will pay the registration fee within that period.
- d. I will ensure the above child, when admitted, will abide by the work and behavioural requirements of the school.
- e. I understand that once I accept an International place I cannot transfer to a local place.

Signature of	parents/Guardian	Date

FOR OFFICE USE ONLY

Receipt No. _____ For admission _____ Age ____ Class _____