##  Student Enrolment Form

A recent passport size photograph of your child.

For possible enrollment in the \_\_\_\_\_\_\_\_\_\_\_\_\_ term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in grade \_\_\_\_\_

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| **Personal Information** |
| Student Name in Full: |  |
| Date of Birth: |  | I.D. No.: |  |
| Gender: |  | Place of Birth: |  |
| Physical Address: |  |
|  | Postal Code: |  |
| Postal Address: |  |
|  | Postal Code: |  |
| Home Phone No.: |  | Alternate Ph. No. |  |
| Languages Spoken: |  |
| **School History** |
| ***List the student's last two schools. (Include the most recent report card)*** |
| **School 1:** |
| School Name: |  |
| Phone No.: |  | Dates of Attendance: |  |
| Teacher’s Name: |  |
| **School 2:** |
| School Name: |  |
| Phone No.: |  | Dates of Attendance: |  |
| Teacher’s Name: |  |
| Please identify the type of the last school your child attended: |
| School using A.C.E.®: |  | Private Christian School: |  | Church School |  |  |
| Private School: |  | Government School: |  |  |
| **Please describe any academic or social difficulties your child may have:** |
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| **What extra-curricular interests does your child have?** |
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| **Will your child be able to participate fully in Physical Education?*****(please tick the empty box next to the appropriate answer.)*** |
| Yes |  | No (Please explain) |  |
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| **Why do you want your child/ren to attend WELL-SPRING INTERNATIONAL LEARNING CENTER?** |
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| **Where or How did you hear about WELL-SPRING INTERNATIONAL LEARNING CENTER?** |
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