## 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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