ADMISSION FORM

Student Details

Surname of Child: .....

First Name of Child: ..... Gender:Male/Female

Date of Birth (dd/mm/yyyy): ..... Nationality: .....

Family Details

Home Address

.....

.....

Contact Number/s: .....

Father's Name: .....

Father's Occupation(s): ..... Nationality: .....

Business Address

.....

.....

E-Mail Address(es): .....

Office: ..... Mobile: .....

Mother's Name: .....

Mother's Occupation(s): ..... Nationality: .....

Business Address:

.....

.....

E-Mail Address(es): .....

Office: ..... Mobile: .....

Guardian's Name (if applicable):

Guardian's Occupation(s):

Guardian's Relationship with the Child:

Home Address of Guardian

Contact Number/s:

Business Address:

E-Mail Address(es):

Contact Numbers

Office: Mobile:

Academic Information

First Language:

Other Languages (if any):

Fluency in English: Fluent ☐ Moderate ☐ None ☐

Previous Academic Information

Name of School/PreSchool/Playgroup (if any):

Address of School/PreSchool/Playgroup:

Contact Number of School/PreSchool/Playgroup:

Has the child previously experienced any specific learning difficulties?
If so, of what nature?

This application is a request for admission of my child to the Willow International School, Karachi for the academic year _____.In signing this application I acknowledge that I have read and accepted the terms, rules and regulations of the Willow International School.

We certify that the information included is complete, true and accurate to the best of our knowledge. We authorize the School to request reports/transcripts/references and to verify the facts. We realise that our failure to provide accurate information could jeopardise the student's initial enrolment and continued enrolment at the Willow International School.

Signature of Parent:----------

Date:----------

You will be required to submit the following documents as requested after the submission of this form.

Photocopy of the Applicants Birth Certificate
Two Passport Size Photographs
Copies of School Reports
Vaccination Records
Copies of Passport of Child
Copies of Passport/NIC of Parents
Application Fee RS 2500

Admission recommended by: _____ **Board of Directors**	**Admission recommended by:** _____ **Head of Admissions**

Medical Information

Full name of Child: _____

Date of Birth (dd/mm/yyyy): _____ Gender: _____

Has your child had the following immunisations, please give details:

Tuberculosis Vaccine BCG	Yes ☐	_____	No ☐
HIB Vaccine:	Yes ☐	_____	No ☐
Rubella Vaccine:	Yes ☐	_____	No ☐
Polio Vaccine:	Yes ☐	_____	No ☐
Tuberculosis Vaccine BCG	Yes ☐	_____	No ☐
Mumps Vaccine:	Yes ☐	_____	No ☐
Measles Vaccine:	Yes ☐	_____	No ☐
Hepatitis A:	Yes ☐	_____	No ☐
Hepatitis B:	Yes ☐	_____	No ☐
Cholera:	Yes ☐	_____	No ☐

Has your child ever had one or more of the following? If yes, please give details:

Scarlet Fever:	Yes ☐	_____	No ☐
Chicken Pox :	Yes ☐	_____	No ☐
German Measles:	Yes ☐	_____	No ☐
Mumps:	Yes ☐	_____	No ☐
Whooping Cough:	Yes ☐	_____	No ☐
Poliomyelitis:	Yes ☐	_____	No ☐
Pneumonia:	Yes ☐	_____	No ☐
Rheumatic Fever:	Yes ☐	_____	No ☐
Allergies:	Yes ☐	_____	No ☐
Epilepsy:	Yes ☐	_____	No ☐
Convulsions:	Yes ☐	_____	No ☐
Asthma:	Yes ☐	_____	No ☐
Eczema:	Yes ☐	_____	No ☐

Please give details of any medication being taken for any of the above:

You are required to give details of any health conditions from which your child currently suffers (this would include physical and psycological conditions)

I the undersigned confirm that the information above is a true and accurate statement of my child's health.

Parents Signature: _____

Name of Child's Physician: _____