

Student Application Form

Student Information			
Student:	_____	_____	Grade Level _____
	(surname)	(first name)	(preferred name)
Date of Birth:	_____	Current Age _____	Gender _____ Nationality: _____
	(day, month, year)		
Home Language _____	English Language Skill: Excellent / Good / Poor / None		
Name of School Currently Enrolled at: _____			
Does your child have specific needs we should be aware of? Yes / No			
If yes, please specify: _____			

Parent/Guardian Information		
Guardian: _____	_____	_____
(Surname)	(First Name)	(Relationship to Student)
_____	_____	_____
(E-mail)	(Telephone)	(WhatsApp)
Please circle which of the above contact methods/numbers is preferred		
Address: _____		Nationality: _____
Employment Information: _____		_____
(Job Title)		(Employer/Company)
Guardian: _____	_____	_____
(Surname)	(First Name)	(Relationship to Student)
_____	_____	_____
(E-mail)	(Telephone)	(WhatsApp)
Please circle which of the above contact methods/numbers is preferred		
Address: _____		Nationality: _____
Employment Information: _____		_____
(Job Title)		(Employer/Company)

I certify that the above information is accurate and I will inform the school immediately of any changes including changes in parent/guardian contact information. I understand that the school is not liable for any misunderstandings or problems associated with inaccurate or out-of-date information.

Name: _____ Signature: _____ Date: _____

Grades and Ages

1. UCIS will use the North American grade system: P2 = Grade 1 etc.
2. Children entering Grade 1 must be 6 by August 31st of that school year. Younger children who may be eligible for Grade 1 will be placed in the Foundations and assessed for, if the child's ability level is appropriate he/she will be moved to grade 1.
3. Admission in grades will be based on previous schooling and an evaluation by the Admission Committee.
4. Pre-Kindergarten admittance will be based on a per child assessment, no child younger than 3 will be admitted.

Student Health Record (Confidential)

Child's Name: _____ Date of Birth: _____

Sex: F / M (circle one) Child Health: Excellent / Fair / Poor (circle one)

Physical Activity: Is there any reason your child cannot participate in regular physical activity?

No Yes State condition _____ (Please explain below)

Medication at School: Does your child require **medication (emergency or regular)** which may need to be administered at the school (ex. severe allergies requiring an Epi-pen)?

No Yes State condition _____ (Please explain at the bottom of the page)

***It will be expected that appropriate medications will be provided by parents so that they are on hand at the school. The parent/guardian must discuss the medical condition and needed medication with the school's nurse/first aid officer.*

Asthma: Does your child have asthma Yes No if yes please answer the following questions:

Does your child take daily asthma prescription medicine? (not including albuterol) . Yes No

Has your child been to the emergency room for asthma in the past? Yes No

Allergies:

Does your child have any know allergies Yes No

Food Allergies: _____

Allergies to wasps, bees or other biting insects: _____

Any drug allergies: _____ Other: _____

Parental Explanations or Concerns

If you have any additional requests, concerns or conditions regarding your child please note them here:

Authorization for Emergency Medical Care

In case of emergency illness or accident the child will be given first aid and the parents will be notified. If the parents cannot be located the child will be taken to Emmanuel Clinic. *U-Can International School* does not assume responsibility for the payment of hospital, doctor or transportation costs.

In the event I cannot be reached to make arrangements for the emergency medical care of my child at the time of the accident or illness I hereby authorize *U-Can International School* to take my child to the appropriate medical care facility.

I certify that the above history is complete to the best of my knowledge

Name: _____ Signature: _____

Phone Number: _____ Date: _____

Emergency Contact Information – Not the Parent/Guardian

Name _____ Relationship to Student: _____ Mobile: _____