



STUDENT APPLICATION		
STUDENT INFORMATION		
Name/Surname:		
Date of birth:	Gender:	Nationality:
Phone:	E-mail:	Religion:
Residential address:		
Town:	Country:	ZIP Code:
Previous school:	Highest qualification completed:	
Application for: (mark appropriate box)		
*Online only: *Work from home	Grade 0/Year 1	Grade 4/Year 5
	Grade 1/Year 2	Grade 5/Year 6
	Grade 2/Year 3	Grade 6/Year 7
	Grade 3/Year 4	Grade 7/Year 8
PARENT/GUARDIAN INFORMATION		
Name/Surname of Parent/Guardian:		
Phone:	E-mail:	ID/Passport No.:
Residential address:		
Town:	Country:	ZIP Code:
FINANCIAL INFORMATION		
Who is responsible for the account?		
Phone:	E-mail:	Fax:
Town:	Country:	ZIP Code:
How will the account be paid? Full Course Fee:		
SIGNATURES		
I authorize the verification of the information provided on this form as to my application. I am fully informed and aware of all the stipulations in the agreement with the school and will abide by them without reservation.		
Signature of applicant:		Date:
Name/Surname of applicant:		Relationship: