



2x2 picture (White Background)

Application Form School Year 2019 - 2020

- ☐ Returning Student
☐ New Student

Grade level _____

PERMANENT ADDRESS IN THE PHILIPPINES

Student's Family Name _____

First Name _____

Date of Birth _____

PERMANENT ADDRESS ABROAD (for foreign students)

Place of Birth _____

Nationality _____

Status in the Philippines

- ☐ Citizen ☐ Permanent Resident
☐ Working Visa ☐ Others _____

Gender: ☐ Male ☐ Female

In case of emergency please contact:

Name: _____

Relationship: _____

E-mail Address : _____

Contact Number/s: _____

Please complete the required forms
and submit them to the ***Admissions Officer***

REQUIRED

- ☐ Uniform order form
☐ Medical waiver form
☐ Finance Policy

IF APPLICABLE

- ☐ Dormitory Form
☐ Transport Form
☐ Scholarship Form
☐ Parental referral form
☐ Tourist Visa Extension Form (for SSP students)

Weight: _____ kg

Height: _____ cm

Blood Type: _____

Photo Release Permission

Throughout the year pictures of the school events that happen in and out of campus are taken. Pictures of families and relatives of NIS are sometimes used for school's prospectus and billboards or that may promote NIS. NIS is asking for a permission to use the photograph of your child/ren or any family/relative's member's photos to be used. Kindly check the box below:

- ☐ I allow ☐ I do not allow

SCHOOL RECORDS

Last Grade level completed _____

Month/School Year attended _____

Previous School(s) Attended

Name of School/Address	Grade Level	Started (Month and Year)	Completed (Month and Year)	Language of Instruction

SPECIAL NEEDS if applicable, please provide documents for appropriate evaluation.

Health Concerns: () Hearing () Vision () Speech () Physically Challenge

Is there any specific learning assistance that your child will need? ☐ YES ☐ NO

If yes, please provide details. _____

(Please attach standardized test scores or any Assessment or school documentation has your child been identified with learning difficulties or special needs.)

Has your child ever asked to leave school because of any behavioral/disciplinary problems? ☐ YES ☐ NO

If yes, please provide details. _____

SIBLINGS

Name	Date of Birth	Current School

FATHER/GUARDIAN

Family Name : _____

First Name : _____

Nationality : _____

Occupation : _____

Mobile Number _____

E-mail Address _____

MOTHER/GUARDIAN

Family Name : _____

First Name : _____

Nationality : _____

Occupation : _____

Mobile Number _____

E-mail Address _____

Has your child ever been involved in disciplinary action taken at school? ☐ YES ☐ NO

If yes, please give details

LANGUAGE PROFILE

1. Child's first language: _____ Other language/s: _____

2. Rate your child's English proficiency by placing numbers in the boxes below.

1 - WEAK

☐
☐

Understands English
Speaks English

2 - FAIR

3 - GOOD

☐
☐

Reads English
Writes English

4 - VERY GOOD

3. Mother's first language: _____

Other language/s: _____

4. Father's first language: _____

Other language/s: _____

5. Language spoken at home: _____ Does your child speak English? ☐ yes ☐ no

6. How many years has your child lived in English speaking country/ies? _____

Terms and Conditions

1. Failure to provide the complete and accurate information on this form will void the application and may result to the student being dropped from Noblesse International School, even after being enrolled.
2. The school reserves the right to determine the placement of the applicant in the grade level or program deemed most appropriate for student's performance.
3. It is parent/guardian's responsibility to submit the required documents including school records from the school last attended and inform the school of any changes in status or contact information.
4. All documents submitted as part of the admissions requirement to Noblesse International School automatically becomes the property of the School.
5. By signing this form, the parent gives permission for Noblesse International School to contact student's previous schools to request additional information including all academic, medical and psycho educational records, within school policy, as may be required for admission consideration of this applicant.

The information submitted on this form is true and correct to the best of my knowledge.

Signature of Parent/Guardian over Printed Name

Date

Document Checklist

Please submit all documents listed below:

- ___ 1. Application Form (Completed and signed with picture attached)
- ___ 2. Immunization Record/Medical Record
- ___ 3. Academic Transcript of Records (All school records must be translated in English and authenticated)
- ___ 4. Student's Birth Certificate or Family Register
- ___ 5. Copy of Student's Passport: for International students
- ___ 6. Copy of Parents' Passport or Valid ID
- ___ 7. Copy of Guardian's Passport or Valid ID
- ___ 8. Certificate of Good Moral (from last school attended).
- ___ 9. 6pcs. 2x2 picture (white background, no glasses)

How did you learn about NIS?

☐

Online (Google, Yahoo, Bing, Facebook, etc.)

Please specify _____

☐

Print Media (newspaper, brochure, flyer, etc.)

Please specify _____

☐

Referral, Friend of NIS () Yes () No

Please specify _____

☐

By a Licensed NIS Agent

Please specify _____

☐

Other, please specify _____

STUDENT MEDICAL WAIVER FORM

PART 1

Name of Student: _____ Grade Level: _____ Birthday: _____

Name of Parent/Guardian: _____ Height (cm): _____ Weight (kg): _____

Person to contact in case of emergency:

1. _____ Contact No. _____

2. _____ Contact No. _____

PART II.

Please indicate if the child has had any of the following:

Food Allergies	Medicine Allergies	Other Allergies

Parent/Guardian Signature

PART III.

Please list any previous hospitalization or known disease or medical condition and medications taken by the child on a regular basis: (PLEASE ATTACH ANY NECESSARY MEDICAL DOCUMENTS/IMMUNIZATION RECORD)

PART IV.

This student is fit to attend to school:

YES

NO

This student may (check the following for YES)

☐

Participate fully in athletic activities and competitive sports.

The school nurse can administer the following medication: (check the following for YES)

☐

Analgesic/Pain Reliever and Antipyretic Relief for Fever- Paracetamol

☐

Ant-Burn/Antibacterial – Silver Sulfadiazine

☐

Anti-diarrhea –Loperamide

☐

Cough and Cold Remedy

☐

Anti-Itch – Calmoseptine

☐

Anti-Acid/Antacids

☐

Mouth/Throat Preparation

☐

Eye Drops – for eye irritation and redness

If not, please indicate the reason:

In the event that my child needs and emergency medical care and I cannot be contacted, I give my permission for NIS authorities to act on my behalf. I authorize them to sign any necessary medical release forms required by local hospitals.

Name & Signature of Parent/Guardian

Date

Verified by School Nurse