NOBLESS INTERNATIONAL SCHO	
Application Form School Year 2023-2024	2x2 picture (White Background) New Student
Grade level	
Student's Family Name	PERMANENT ADDRESS IN THE PHILIPPINES
First Name	
Date of Birth	PERMANENT ADDRESS ABROAD (for foreign students)
Place of Birth	
Nationality	Please complete the required forms and submit them to the <u>Admissions Officer</u> <u>REQUIRED</u>
Status in the Philippines	Uniform order form Medical waiver form
Working Visa Others	
Gender: 🗆 Male 🛛 Female	IF APPLICABLE
In case of emergency please contact:	Dormitory Form Transport Form
Name:	Parental referral form
Relationship:	— Tourist Visa Extension Form (for SSP students)
E-mail Address :	Weight: kg Height: cm
Contact Number/s:	
Photo Release Permission	
	hat happen in and out of campus are taken. Pictures of NIS community ted for marketing purposes of the school. NIS is asking for permission to re's photos. Kindly check the box below:
I allow I do not allow	

ast Grade level completed		Month/School Year att	ended	
Previous School(s) Attended				
	Grade	Started	Completed	Language of
Name of School/Address	Level	(Month and Year)	(Month and Year)	Instruction
PECIAL NEEDS if applicable, please pro	ovide documents f	or appropriate evaluat	ion.	
lealth Concerns: () Hearing () Vis	ion () Speech	() Physically Challer	ge	
s there any specific learning assistance	that your child wi	II need? □ YES □NC)	
yes, please provide details.				
Please attach standardized test scores earning difficulties or special needs.)	or any Assessmen	t or school documenta	tion has your child been	identified with
las your child ever asked to leave schoo f yes, please provide details			problems? YES	NO
i yes, please provide details				
	Dat	to of Rirth	Current	School
IBLINGS Name	Dat	te of Birth	Current S	School
	Dat	te of Birth	Current S	School
SIBLINGS Name	Dat	te of Birth	Current S	School
	Dat	te of Birth	Current S	School
	Dat	te of Birth MOTHER/GUARD		School
Name		MOTHER/GUARD	IAN	
Name EATHER/GUARDIAN Family Name :		MOTHER/GUARD	IAN	
Name EATHER/GUARDIAN Family Name :		MOTHER/GUARD Family Name : First Name :	IAN	
Name EATHER/GUARDIAN Family Name : First Name : Nationality :		MOTHER/GUARD Family Name : First Name : Nationality :	IAN	
Name FATHER/GUARDIAN Family Name : First Name : Secondariant Stress Nationality : Dccupation :		MOTHER/GUARD Family Name : First Name : Nationality : Occupation :	IAN	
Name Father/GUARDIAN Family Name : First Name : Nationality : Dccupation : Mobile Number		MOTHER/GUARD Family Name : First Name : Nationality : Occupation : Mobile Number	IAN	
Name EATHER/GUARDIAN Family Name : First Name : First Name : Decupation : Decupation : Mobile Number		MOTHER/GUARD Family Name : First Name : Nationality : Occupation : Mobile Number	IAN	
Name FATHER/GUARDIAN Family Name : First Name : Secondariant Stress Nationality : Dccupation :		MOTHER/GUARD Family Name : First Name : Nationality : Occupation : Mobile Number E-mail Address	IAN	
Name EATHER/GUARDIAN Family Name : First Name : Nationality : Nationality : Doccupation : Mobile Number E-mail Address Has your child ever been involved in dis		MOTHER/GUARD Family Name : First Name : Nationality : Occupation : Mobile Number E-mail Address	IAN	
Name EATHER/GUARDIAN Family Name : First Name : Nationality : Nationality : Doccupation : Mobile Number E-mail Address Has your child ever been involved in dis		MOTHER/GUARD Family Name : First Name : Nationality : Occupation : Mobile Number E-mail Address	IAN	
Name Eamily Name : First Name : Stationality : Decupation : Mobile Number Semil Address	ciplinary action ta	MOTHER/GUARD Family Name : First Name : Nationality : Occupation : Mobile Number E-mail Address ken at school? YES	IAN	
Name ATHER/GUARDIAN Family Name : Family Name : First Name : Nationality : Nationality : Nobile Number Formail Address Has your child ever been involved in dis f yes, please give details		MOTHER/GUARD Family Name : First Name : Nationality : Occupation : Mobile Number E-mail Address ken at school?		
Name ATHER/GUARDIAN Family Name : Family Name : First Name : Securation Ity : Securation : Occupation : Abile Number Securation : Securation : Abile Number Securation : Securation :	ciplinary action ta	MOTHER/GUARD Family Name : First Name : Nationality : Occupation : Mobile Number E-mail Address ken at school?		

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	ANGUAGE PROFILE	U
		U
1	. Child's first language: Other language/s:	U
2	. Rate your child's English proficiency by placing numbers in the boxes below.	
	1 - WEAK 2 - FAIR 3 - GOOD 4 - VERY GOOD	
	Understands English Reads English	
	Speaks English Writes English	
3	0 0 1	Π
4		Π
5		Π
6	. How many years has your child lived in English speaking country/ies?	П
Π		П
Пт	erms and Conditions	П
	1. Failure to provide the complete and accurate information on this form will void the application and may result	U N
	to the student being dropped from Noblesse International School, even after being enrolled.	U
	2. The school reserves the right to determine the placement of the applicant in the grade level or program deemed	U
Ц	most appropriate for student's performance.	
	3. It is parent/guardian's responsibility to submit the required documents including school records from the school	
U	last attended and inform the school of any changes in status or contact information.	U
	4. All documents submitted as part of the admissions requirement to Noblesse International School automatically	U
	becomes the property of the School.	U
	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	
[Signature of Parent/Guardian over Printed Name Date	
Г	ocument Checklist	Π
-	lease submit all documents listed below:	Π
Π.	1. Application Form (Completed and signed with picture attached)	Π
п –	2. Immunization Record/Medical Record	Π
п —	3. Academic Transcript of Records (All school records must be translated in English and authenticated)	П
	4. Student's Birth Certificate or Family Register	П
	5. Copy of Student's Passport: for International students	U N
U n –	6. Copy of Parents' Passport or Valid ID	U
	7. Copy of Guardian's Passport or Valid ID	U
	8. Certificate of Good Moral (from last school attended).	U
<u> </u>	9. 6pcs. 2x2 picture (white background, no glasses)	U
		U
-		
[F	low did you learn about NIS?	[
	Doline (Google, Yahoo, Bing, Facebook, etc.)	
	Please specify Please specify	
	Referral, Friend of NIS () Yes () No By a Licensed NIS Agent	Π
	Please specify Please specify	Π
Π	Other, please specify	Π
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ST	UDENT MEDICAL WAIVER FO	DRM
PART 1		
	Grade Level:	Birthday:
Name of Parent/Guardian:	Height (cm):	Birthday: Weight (kg):
Person to contact in case of emergency:		
1	Contact No.	
2		
PART II. Please indicate if the child has had any of th	e following:	
Food Allergies	Medicine Allergies	Other Allergies
		I
		Parent/Guardian Signature
ART III.		
lease list any previous hospitalization or kn	nown disease or medical conditi	on and medications taken by the child on a
egular basis: (PLEASE ATTACH ANY NECESS)	ARY MEDICAL DOCUMENTS/MN	/UNIZATION RECORD)
PART IV.		
PART IV. This student is fit to attend to school:	" YES	" NO
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PART IV. This student is fit to attend to school: This student may (check the following for YE	YES	" NO
ART IV. his student is fit to attend to school: his student may (check the following for YE Participate fully in athletic activities	YES ES) and competitive sports.	
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PART IV. This student is fit to attend to school: This student may (check the following for YE Participate fully in athletic activities The school nurse can administer the follow Analgesic/Pain Reliever and Antipyretic	YES ES) and competitive sports. ring medication: (check the foll c Relief for Fever- Paracetamol	owing for YES)
PART IV. This student is fit to attend to school: This student may (check the following for YE Participate fully in athletic activities The school nurse can administer the follow Analgesic/Pain Reliever and Antipyretic	YES ES) and competitive sports. ring medication: (check the fol lo	owing for YES) Ant-Burn/Antibacterial – Silver Sulfadiazine
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