



Date:----/----/----

STUDENT APPLICATION FORM

Notes

- Applications can take a week to process.
- Please read the additional notes on the last page of this application form.
- Correspondence with you will mainly be by email. Please ensure that your email address is clearly legible.
- All sections of this form are compulsory and must be completed in full. Failure to do so will result in delaying in the processing of your application.

PART 1: STUDENT DETAILS		Required Documents
Applicant's first name:		<ul style="list-style-type: none"> • 2 Passport-sized photos • Recent school-leaving certificate/ Previous Year School Report • Copy Of Birth Certificate/ Passport (If Applicable) • Record of medical information (if applicable)
Middle name:		
Last name:		
Special Name/ Nickname		
Date of birth:		
Gender:	Male () Female ()	
Nationality		
Country of birth:		
Languages spoken:		
Religion:		
Type of blood:		
Special skills of the student if any:		

PART 2: COURSE LEVEL SELECTION

Please tick the program that you wish to apply to:

Pre School Levels:	Nursery 1 ()	Nursery 2 ()	
	Kindergarten 1 ()	Kindergarten 2 ()	
Primary levels:	Primary 1 ()	Primary 2 ()	Primary 3 ()
	Primary 4 ()	Primary 5 ()	Primary 6 ()
Secondary levels:	Secondary 1 ()	Secondary 2 ()	Secondary 3 ()
	IGCSE Foundation ()		IGCSE Preparation ()

Do you have a brother or sister already enrolled in NIEC? Yes. () No. ()

If yes, Name of sibling(s): (1) _____ Class: _____
 (2) _____ Class: _____
 (3) _____ Class: _____

PART 3: RECORD OF PREVIOUS & CURRENT SCHOOLS**(Please provide the information in chronological order.)**

School Name	Address	Duration of Study		Grade/Level
		From	To	
Have you/ has your child been suspended/ excluded/ expelled or asked to leave a school?				
If yes, please provide detail: _____				

PART 3: SPECIAL CIRCUMSTANCES & RELEVANT PREVIOUS HISTORY

Do you have any medical conditions?
(Please tick appropriate box and give detail)

Yes. () No. ()

- Asthma ()
- Allergies ()
- Epilepsy ()
- Diabetes ()
- Depression ()
- psychiatric illness ()

Please provide detail:

Do you have any other medical issue?

Yes. () No. ()

If yes, provide detail:

Is ongoing treatment required?

Yes. () No. ()

If yes, provide detail:

Please list all current vaccination?

Date	Vaccination	Date	Vaccination

Do you have any dietary restriction?

Yes. () No. ()

Do you have any physical restriction?

Yes. () No. ()

If your application is successful, the medical information you provide will be informed to your teachers so that any medical conditions can be appropriately managed at school (including school excursions, school camps, sports and other school activities) and in the event of an emergency, this information can be promptly provided to the medical practitioners treating you.

PART 4: CONTACT INFORMATION*CONTACT 1 INFORMATION*

Name:	
Email address for correspondence:	
Profession:	
Position/ job title and company name:	
Current employment address:	
Residential address:	
Mobile No.	
Home No.	
Work No.	
Preferred correspondence address	
Relation to student:	

CONTACT 2 INFORMATION

Name:	
Email address for correspondence:	
Profession:	
Position/ job title and company name:	
Current employment address:	
Residential address:	
Mobile No.	
Home No.	
Work No.	
Preferred correspondence address:	
Relation to student:	

EMERGENCY CONTACT PERSON

Name:	
Contact No.	
Relation to student:	

How did you find out about NIEC school?

Website () / family () / friend () / other () please specify if other: _____

Parent declaration and acknowledgement:

- I/ we declare that the information given in this application form is complete, true and correct;
- I/ we understand that providing false or misleading information or non-disclosure of relevant information may result in cancellation of the student’s enrolment;
- I/ we give permission for all communication regarding this student’s enrolment;
- I/ we agree that if any of the information on this form changes, I will provide updated information to the school as soon as possible and within 7 days;
- I understand that the school cannot guarantee that a place will be available in the class that I have applied and there is no guarantee that this application will be successful;
- Important: students are not permitted to vape, smoke, consume alcohol or use illicit drugs. Student must comply with NIEC rules and regulations as regards dress code, behaviour and attendance.

Do you agree to abide by these conditions? Yes () no ()

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Legal Custodian Signature: _____

Date: _____

(Relationship To The Student) _____

CHECKLIST (OFFICE USE)

- () All Sections of the Form duly completed;
- () Completed and signed declaration page;
- () 2 Passport-sized photos
- () Recent school-leaving certificate/ Previous Year School Report
- () Copy of Birth Certificate/ Passport (If Applicable)
- () Record of medical information (if applicable)

Date of application: _____

Name of Front Desk staff who has handled the enquiry and application: _____

Application status: Under observation () Accepted (), Rejected () Waiting list ()

Date of notification of status of application: _____

Notification done by: _____

