



NEW ADMISSION FORM Academic Year

Date: _____

STUDENT INFORMATION

First Name _____ Family Name / Surname _____

Date of Birth: DD/MM/YY Gender ☐ Male ☐ Female
DAY MONTH YEAR

Current Year/Grade _____ Current School _____

Grade Applying for _____ Academic Year _____

Nationality _____ Religion _____

Curriculum of Current School _____

Reason(s) for Transfer for Current School to DIPS-G _____

Please, provide details of any medical condition (including allergies), disabilities, or learning difficulties for your child. You must disclose any factor which may affect your child's ability to cope independently in a school environment. If your child has learning difficulties and follows an IEP, this must be presented at the time of application. Any offer made by the school is subject to being able to meet the individual needs of the child.

Has your child ever been diagnosed with the following:

Dyslexia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dyscalculia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Learning Difficulties	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Language/Speech Disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attention Deficit Disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Autism	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emotional Difficulties	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Behavioural Difficulties	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attention Deficit Hyperactivity Disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other: Please, specify _____		

If yes, please give details _____

Does your child have any allergies or food intolerance? If yes, please give details.

Does the new student have siblings at DIPS-G? Yes ☐ No ☐

If yes, please provide Family ID #

School Principal:.....



***Transportation:** Do you require transportation services: 2-way ☐ 1-way ☐ No ☐

Address Details _____

***For Non-Native English Speakers**

Mother Tongue _____

Secondary Language (KG onwards) ☐ French ☐ Spanish ☐ Other: Please, specify _____

Is English used at Home ? Yes ☐ No ☐

***SIBLING(S) INFORMATION**

#	Name	Date of Birth	Current Grade	Promoted to Grade	Current School
1					
2					
3					
4					

***PARENT INFORMATION**

Details of Father

Name _____

Nationality _____

Mobile _____

Home Landline _____

E-mail _____

Occupation/Place of Work _____

Family Status: Married ☐ Divorced ☐

Please, check the box for primary contact: Father ☐ Mother ☐

Details of Mother

Name _____

Nationality _____

Mobile _____

Home Landline _____

E-mail _____

Occupation/Place of Work _____

***Emergency Contact Details:**

Name _____ Mobile _____

Father's Signature

Mother's Signature

Registration office Note:

