



APPLICATION FOR ADMISSION

Please use BLOCK CAPITALS and do not leave blanks. Where appropriate, please tick () or write 'Not Applicable'.

Personal Information

Student's Last Name _____ First Name(s) _____

Date of Birth (DD/MM/YYYY) _____ Nationality _____ Sex _____

Contact Address (Please notify the College in writing of any change of address in the future)

Tel (Home) _____ Mobile _____ Email _____

Home Address (If different from above) _____

Mother's Full Name _____ Occupation _____

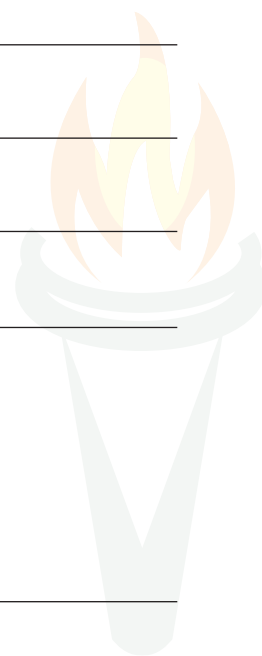
Father's Full Name _____ Occupation _____

Tel at Work (Mother) _____ Tel at Work (Father) _____

Student's First Language _____ Other Languages (If any) _____

Fluency in English (please tick) High Medium Low

Extra Abilities & Interests (e.g. knowledge of computer, special aptitude in cultural & sports activities etc.)



Academic Records *(Starting with the most recent)*

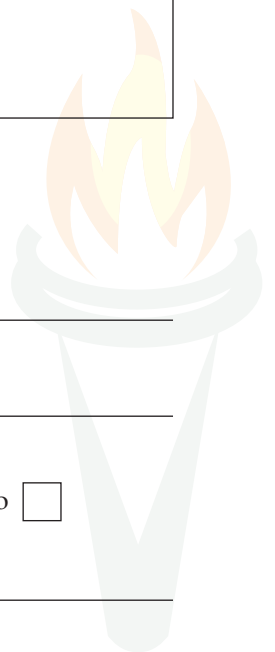
From <i>(month/year)</i>	To <i>(month/year)</i>	Name & Address of School(s) Attended	Subjects Studied	Grade

Has your child ever repeated a year in school? Yes No

If yes, please give details _____

Does your child require additional support in any subject area(s)? Yes No

If yes, please state what subject(s) _____



Medical Information

Has your child had the following immunisations?

	(Tick)	(Date)
Rubella Vaccine	<input type="checkbox"/>	<input type="text"/>
Polio Vaccine	<input type="checkbox"/>	<input type="text"/>
Mumps Vaccine	<input type="checkbox"/>	<input type="text"/>
Measles Vaccine	<input type="checkbox"/>	<input type="text"/>
Hepatitis A	<input type="checkbox"/>	<input type="text"/>
Hepatitis B	<input type="checkbox"/>	<input type="text"/>
Cholera	<input type="checkbox"/>	<input type="text"/>

Has your child ever had one or more of the followings?

	(Tick)	(Details)
Chicken Pox	<input type="checkbox"/>	<input type="text"/>
Whooping Cough	<input type="checkbox"/>	<input type="text"/>
Pneumonia	<input type="checkbox"/>	<input type="text"/>
Rheumatic Fever	<input type="checkbox"/>	<input type="text"/>
Mumps	<input type="checkbox"/>	<input type="text"/>
Allergies	<input type="checkbox"/>	<input type="text"/>
Epilepsy	<input type="checkbox"/>	<input type="text"/>

Does your child has a disability? Yes No

If yes, please give details _____

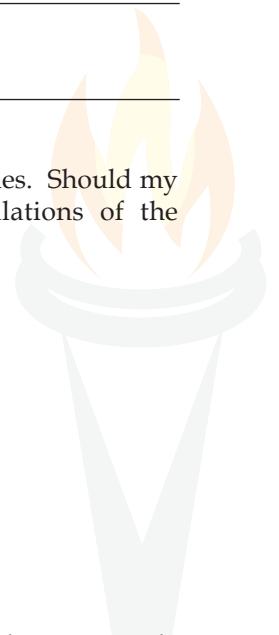
I, the undersigned, have answered all the questions accurately to the best of my abilities. Should my child be admitted, I agree to observe and comply with all the rules & regulations of the **Eminence International College**.

Signature of Parent _____ Date _____

Please provide the following documents to support this application:

1. One reference for the applicant
2. Photocopy of the applicant's Birth Certificate
3. Two passport size and one stamp size photographs
4. Registration fee

Please return the completed Admission Form together with the above supporting documents to the address shown on top right hand corner of the first page of this Admission Form.



For Office Use Only

Score/Grade of Applicant Admission Test Interview

Year of Entry _____

Comment _____

Signature of Principal _____ Date _____

Signature of Director _____ Date _____

Accounts Department

Student ID Admission Date

Batch No. Admission Fee

Signature of Chief Accountant _____ Date _____

Signature of Chairman _____ Date _____

