



FWS APPLICATION FOR ADMISSION

Thank you for choosing FloMont World School (FWS) as your choice of school for your child(ren). **This application is to only be filled out by parents / guardians who have completed both Step 1 and Step 2 of our Admission Process:**

- **STEP 1:** Met with our admission officer at school; taken a tour of the school; have carefully gone through guidelines and procedures mentioned in the handbook;
- **STEP 2:** Contacted the school admission officer and expressed a desire to take an admission; discussed the settlement procedure and other policies of the school; taken an appointment to complete registration formalities at the school.

Once Steps 1 and 2 have been completed, you can proceed to Step 3 which is the filling out of this form (one form per child) . In addition to this form, kindly ensure that you have **all** other documents filled out and ready along with the necessary payments whilst attending your Registration Appointment.

OTHER DOCUMENTS THAT WILL BE REQUIRED:

- Copy of the Birth Certificate of the child
- Copy of Certificate of good health from a general physician
- 6 passport size photos
- Recommendation Letter of previous school (For children applying to Grade 1 and above)
- Student Profile Form (Downloaded from our Website)
- Parent Declaration Form
- Student Medical Profile Form

FOR OFFICE USE ONLY

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|---|-------------------|---|
| Year of Entry: _____ | Start Date: _____ | Type of Application: |
| First Name: _____ | Last Name: _____ | Registration <input type="checkbox"/> Reservation <input type="checkbox"/> |
| Date of Birth: _____ <small>(dd/mm/yyyy)</small> | OEN: _____ | Program: Montessori <input type="checkbox"/> Elementary <input type="checkbox"/> |

STUDENT INFORMATION

Last Name: _____ First Name: _____
Middle Name(s): _____ Preferred Name: _____
Home Address: _____
City/Town: _____ Province: _____ Postal Code: _____
Home Phone: (____) _____ Date of Birth: _____ Sex: Male Female
(dd/mm/yyyy)
Citizenship: _____ Country of Origin: _____
Primary Language Spoken: _____ Other Languages Spoken: _____
Candidate's talents or special interests: _____

FAMILY INFORMATION

PARENT/GUARDIAN (with whom child resides) **Relation to child:** _____
Last Name: _____ First Name: _____
Employer: _____ Work Phone: (____) _____
Occupation: _____ Mobile Phone: (____) _____
Work E-mail Address: _____ Home E-mail Address: _____

PARENT/GUARDIAN II **Relation to child:** _____
Last Name: _____ First Name: _____
Employer: _____ Work Phone: (____) _____
Occupation: _____ Mobile Phone: (____) _____
Work E-mail Address: _____ Home E-mail Address: _____

If one parent's address is different from student's address please complete:

Home Address: _____
City/Town: _____ Province: _____ Postal Code: _____
Home Phone: (____) _____

SIBLING INFORMATION:

1) Name: _____ School: _____ Age: _____ Grade: _____
2) Name: _____ School: _____ Age: _____ Grade: _____

EMERGENCY CONTACT INFORMATION

Please list the names of **two persons other than the parents or guardians** who may be contacted in the event of an emergency. This is very important for the safety of your child. Please note that the Emergency Contact should speak English so that he/she can communicate with the teacher/school if a situation occurs. If they do not speak English, you will need to have a translator readily available to help the teacher/school communicate with the Emergency Contact. Please make sure you provide the Administration Office with the translator's contact information, if applicable.

PRIMARY EMERGENCY CONTACT

Name: _____ Relation to Child: _____

Home Phone:() _____ Work Phone:() _____ Mobile:() _____

SECONDARY EMERGENCY CONTACT

Name: _____ Relation to Child: _____

Home Phone:() _____ Work Phone:() _____ Mobile:() _____

PICKUP CONTACT INFORMATION

Please list the names of **two persons other than the parents or guardians** who are authorized to pick up your child from school. This is very important for the safety of your child.

PRIMARY PICK-UP CONTACT

Name: _____ Relation to child: _____

Home Phone:() _____ Work Phone:() _____ Mobile:() _____

SECONDARY PICK-UP CONTACT

Name: _____ Relation to child: _____

Home Phone:() _____ Work Phone:() _____ Mobile:() _____

HEALTH INFORMATION

Child's Health Card Number: _____ Family Doctor: _____

Doctor's Phone: () _____ Doctor's Fax: () _____

Please list any allergies your child may have: _____

Please indicate any social, emotional, or medical conditions your child may have: _____

Is your child being administered medication on a regular basis? Yes No

If yes, please provide details: _____

Does your child have any physical limitations that would prevent participation in sports and other related physical activities? Yes No If yes, please provide details: _____

Please provide any other health information that may be helpful to us: _____

DECLARATION

I _____ parent of _____
have read and understood the information provided in this application form. I further understand that in case of a medical or other emergency, the staff at FWS will attempt to contact me immediately. However, in an event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize FWS staff to act on my behalf, and to take the necessary emergency measures including those listed below if deemed necessary, either by the staff or by medical authorities for the care and protection of my child.

I HEREBY AUTHORISE THE FLOMONT WORLD SCHOOL TEAM TO:

- Contact and consult the physician authorized by me in this application form
- Administer appropriate first aid

I understand that FWS reserves the right to alter it's policies and programs at any time. I also acknowledge that the fees once paid is NON REFUNDABLE under any circumstances and I am liable to pay FWS, fees pertaining to the entire academic year that my child has been enrolled for at the school. The installment options given to me are for the purpose of ease of payment and not pertaining to any specific term of the academic year. I will clear all dues owed to the school if I decide to discontinue with the school for any reason, in the middle, or towards the end of the year. I hereby declare that the information provided by me about my child is true and accurate. I understand that if there is a change or alteration of information pertaining to my child provided in this agreement, I will promptly update such information to the centre. Please admit my child into the _____ Program at the FloMont World School.

(Mother's Sign)

(Father's Sign)

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