

Mt ZAAGKAM INTERNATIONAL SCHOOL ENROLLMENT FORM



The information requested will be used to establish school records. If parents have information they do not wish to go on record but they feel the school should know about, an interview with the Principal or class teacher should be requested. Information from your child's last school will also be requested.

Student			
Surname		First Name(s)	
Preferred Name		D.O.B. (dd/mm/yyyy)	
Gender		Place of Birth	
Nationality		Passport #	
Previous school		Previous Grade	
		Date of entry to MZIS	
Parents			
Mother or Caregiver		Nationality & Passport #	
Father or Caregiver		Nationality & Passport #	
Home Telephone	private	PTFI	
Mobile Telephone	mother	father	
Work Telephone		Father's Employer	
e-mail non-work		Work Location	
e-mail work		Father's Occupation	
Emergency Information			
Contact Person		Relationship	
Contact Address		Contact Telephone	
Family Information			
Number of children		Place in Family	
Other Sibling		Date of Birth	
Other Sibling		Date of Birth	
Other Sibling		Date of Birth	
Medical Information - Please Describe			
Vision Problem			
Hearing Problem			
Asthma			
Allergies			
Other			
Medication Administration		Type (Tablet, liquid, inhaler)	
Dosage		Frequency	
Please Describe			
Please Note			
<p><i>Students who's mother tongue is not English will need to be tested for admission into MZIS. Enrollment is not automatic and the student will only be enrolled if they can function in the regular classroom with minimal assistance in English. Admission may be subject to conditions, especially in the Pre-school.</i></p>			
School Office Use			
Current Immunisation Documentation Sighted:			
Grade This Year		Teacher	

Please return this to the school prior to your child attending their first day. In addition to this form please provide us with a copy of *current* immunisation documentation, a photocopy of page 1 and 2 of the student's current passport, and hard copies of latest reports from your previous school.

A PARENT'S PERSPECTIVE OF YOUR CHILD'S NEEDS

Child's Name: _____ Parent's Name(s): _____

Previous School: _____ Freeport Address: _____

Contacts: _____ (Hm Phn) _____ (Wk Phn) _____ (Non PTFIEmail)

To assist us in familiarising ourselves with your child, please provide us with the following details. The aim is to provide your perspective of your child that will assist in facilitating their smooth transition into our school. When considering information we look at each child as an individual as each brings a unique set of qualities to school. The placement of all children is the responsibility of the Principal.

Focussing on your child



- **Academic** *(strengths and achievements/ needs)*

- **Work Habits**

- **Social Skills**

- **Sports** *(strengths and achievements/ interests)*

- **The Arts** *(cultural, music, visual arts, drama, dance – interests, strengths and achievements)*

- **Out of school interests** *(hobbies, cultural groups, sports groups, social group involvement)*

- **Personal Qualities**

- **Other important information about your child**

(social needs, health factors, number and types of schools previously attended, languages spoken, etc)
