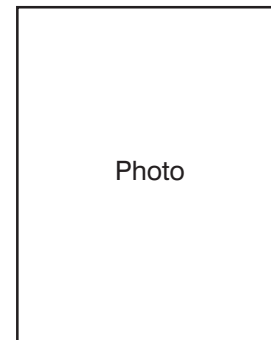


# CANADIAN INTERNATIONAL SCHOOL

## APPLICATION FOR ADMISSION



FOR OFFICIAL USE ONLY



Male  Female

1. Name \_\_\_\_\_  
(Surname) (Given Names)

2. Date of Birth: \_\_\_\_\_ (D) \_\_\_\_\_ (M) \_\_\_\_\_ (Y) Nationality \_\_\_\_\_ Passport Number \_\_\_\_\_

3. Place of Issue \_\_\_\_\_ Date of Issue \_\_\_\_\_ Date of Expiry \_\_\_\_\_

4. Address Local:  
\_\_\_\_\_  
\_\_\_\_\_

Home address (if different) \_\_\_\_\_

\_\_\_\_\_ Home Telephone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

5. Father's Name \_\_\_\_\_

Company Name \_\_\_\_\_ Position Held \_\_\_\_\_

Company Tel.: \_\_\_\_\_ Fax.: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Company Name \_\_\_\_\_ Position Held \_\_\_\_\_

Company Tel.: \_\_\_\_\_ Fax.: \_\_\_\_\_ Email: \_\_\_\_\_

6. Previous 2 schools attended:

Name of School	Location	Telephone	Reason for leaving
i. _____ _____	_____	_____	
ii. _____ _____	_____	_____	

7. Most recent School

Year entered \_\_\_\_\_ Year left \_\_\_\_\_ Grade completed \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Average of final marks in core subjects \_\_\_\_\_

8. Do you need boarding facilities?

If yes, please fill in the boarding application form as well.

Yes

No

9. Extra-curricular or Community Service interests in previous schools:

\_\_\_\_\_  
\_\_\_\_\_

10. Native language \_\_\_\_\_ Fluency in others \_\_\_\_\_

11. Please indicate any health problems to assist us in ensuring premedical care (allergies, diet restrictions etc.) List any medications taken at present or previous with any known side effects

12. Name of family doctor \_\_\_\_\_ Tel: \_\_\_\_\_

13. Has your child ever been expelled/suspended from school?

Yes

No

If yes please provide details on a separate sheet.

14. Has a learning disability been identified?

Yes

No

If yes please provide details on a separate sheet.

15. Have any special needs been identified?

Yes

No

If yes please provide details on a separate sheet.

I certify that the above information is accurate. (Omission of information in section 11 through 15 may result in refusal/ revocation of admission).

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of the Parent

**Mail application to:** Dr. Penelope Abraham  
Director of Admissions & Development  
Canadian International School  
4 & 20, Manchenahalli, Yelahanka,  
Bangalore - 560 064, India.

\_\_\_\_\_  
Signature of the Parent

The following must be submitted with your application:

1. Application fees
2. Proof of date of birth: Birth certificate and relevant passport page
3. Last two years' school reports
4. Health History Form

**Note:** Admission is contingent upon approval of the application by the admissions committee