

Application for Admission for New Students: 2017-2018 School Year

A non-refundable registration fee of \$50 (Kindergarten) OR \$80 (Grade One and above), along with the first month's tuition payment, is required for each student at registration.

STUDENT INFORMATION

Full Legal Last Name:	
Full Legal First Name:	Preferred First Name:
Aldeia:	Suco:
Subdistrict:	District:
Nationality:	Gender: Male / Female
Primary Language Spoken at Home:	Birth Date: DD / MM / YYYY
Type of ID Provided: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptism/Dedication Certificate <input type="checkbox"/> Passport	
Applying for: <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade: _____ <input type="checkbox"/> ESL <i>(Please check one)</i>	
Student is living with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Other: _____ Are there any custodial or legal arrangements regarding the student, of which the school should be aware? <i>(If so, a copy of court/custodial documents should be attached.)</i>	

PARENT INFORMATION

	Father	Mother	Guardian
Full Legal Name			
Work Phone No.			
Cell Phone No.			
Email Address			
Place of Employment			
Occupation			
Type of ID Provided (one)	<input type="checkbox"/> Electoral Card <input type="checkbox"/> National ID Card <input type="checkbox"/> Passport	<input type="checkbox"/> Electoral Card <input type="checkbox"/> National ID Card <input type="checkbox"/> Passport	<input type="checkbox"/> Electoral Card <input type="checkbox"/> National ID Card <input type="checkbox"/> Passport

AUTHORIZATION FOR LEAVING SCHOOL

Please initial beside the option(s) you chose.

_____ Student will walk home each day without an adult.

OR

_____ Student will be picked up by one of the following adults:

Name: _____ Relationship: _____ Contact #: _____

Name: _____ Relationship: _____ Contact #: _____

Name: _____ Relationship: _____ Contact #: _____

Name: _____ Relationship: _____ Contact #: _____

_____ I **also** grant permission for my child to be picked up by other adults by verbal permission over the phone or by sending written permission with my child that day

MEDICAL

Does the student have any medical conditions, or history, of which we should be aware? Yes No
(i.e. heart condition, diabetes, asthma, severe allergies, etc.)

If yes, please provide details:

In cases of asthma, epilepsy, etc. please provide **date** of last incident:

Is the student taking any medication on a regular basis? Yes No

If yes, please provide the name(s) of medication:

Will the student need to take this medication while at school? Yes No

***Please note that the school cannot administer any medications without written parental permission.**

Please use this space if there is anything else you want us to know about the student:

EMERGENCY PROTOCOL

In the event any student requires assistance in a medical emergency, every effort will be made to inform the parent/guardian immediately. If the school is unsuccessful in reaching a contact person we will take action as deemed necessary and keep trying to make contact with the parent(s)/guardian/emergency contact person(s) until successful.

CONSENT TO TREATMENT

As necessary, I grant permission to the representative of Timor-Leste Adventist International School (TAIS) to arrange for emergency medical or other emergency services for _____ (name of student). This permission will cover the entire time he/she is enrolled at TAIS. I agree to be responsible for any and all medical costs, expenses, and charges incurred by or for my child. I agree to release and discharge and hold harmless TAIS, it's members, officers, agents, and employees, from and against any liability or any claim or demand arising from or connected with such treatment.

I HAVE READ AND AGREED TO THE STATEMENT AS IT IS WRITTEN.

Signature of Parent

Date

EMERGENCY CONTACT PERSON INFORMATION

Please list the information of two adults other than the parents that we may call in case of an emergency if you are not available.

Name	Telephone No.	Relationship to the Student

PHOTO AUTHORIZATION & RELEASE

Throughout the coming school year, your child is going to participate in many wonderful school events and might be included in pictures taken during those events. With your permission, we would like to make those pictures available for use in Timor-Leste Adventist International School (TAIS) media such as the school website, newsletters, or promotional materials.

I, _____ (name of parent), give TAIS the right to print and publish photographs and recorded images of my child, _____ (name of student), for use in any school media purpose. This includes but is not limited to audio, video, film, slide, website, or any other electronic and print formats.

Signature of Parent

Date

COMMITMENT

How did you hear about our school?

Why do you want your child educated in a Christian school like TAIS?

Do you intend for your child to complete their primary education at TAIS? Yes No

Are you prepared to support your child in doing regular homework? Yes No

Are you prepared to attend regular parent/teacher meetings and student led parent conferences? Yes No

I, _____, certify that all of the information that I have provided is true and accurate.
(print name of parent of this student)

- Both my child and I accept the Christian educational approach offered at Timor-Leste Adventist International School (TAIS) and understand that religion and the Bible will be integrated into learning as part of that approach and is not optional. We agree to support and abide by this philosophy.
- Both my child and I agree to support the mission, vision, policies, and practices of TAIS and be responsible for the payment of all fees and charges. I understand that tuition for each month must be paid by the last Wednesday of the previous month, and agree to do so.
- I have read the school handbook with my child and we agree to support and follow the handbook.
- Both my child and I also understand that failure to meet our obligations and expectations to the school may result in the removal of my child from the school.
- I understand that acceptance of my child will depend on the outcome of an interview and/or assessment. Availability of space in the school and completion of this application does not ensure admission to TAIS. TAIS reserves the right to grant or deny admission to any student at any time based on the school's sole discretion.

Signature of Parent

Signature of Student

<i>For Office Use Only</i>	
Application #:	Date received/completed:
Registration Fee R#:	First Month Tuition R#:
Any Siblings Attending TAIS? Y / N	If yes, sibling's name(s) & grade(s):
Copies of ID attached: <input type="checkbox"/> Student <input type="checkbox"/> Father <input type="checkbox"/> Mother	
<u>Results from English assessment test:</u>	
Verbal: 1 2 3 4 5	Written: 1 2 3 4 5
<u>Results from other assessment tests:</u>	
Math:	Reading:
Recommending placement: <input type="checkbox"/> Kinder <input type="checkbox"/> ESL <input type="checkbox"/> Grade: _____	Principal Initial: