



**SANDFORD INTERNATIONAL SCHOOL**

**APPLICATION FORM FOR INTERNATIONAL PLACE**

Student's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Sex \_\_\_\_\_  
(European Calendar) Male Female

Passport No.: \_\_\_\_\_ Country of Issue \_\_\_\_\_ Religion: \_\_\_\_\_

Nationality: \_\_\_\_\_ County of Birth \_\_\_\_\_

Class into which entry is requested: \_\_\_\_\_

**Previous School Attended:**

(European Calendar)

<u>Name of School</u>	<u>Type of School</u>	<u>Years</u>	<u>Classes</u>	<u>Language used</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please mark any areas in which your child has had difficulties in the past.**

Reading  Mathematics  Language  Behavioral

**Please mark any areas in which your child is gifted/ talented.**

Reading  Mathematics  Language

Others (specify): \_\_\_\_\_

Give details of any disability, medication likely to affect normal school activity

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

Father's Name \_\_\_\_\_  
(First) (Last)

Passport No. \_\_\_\_\_ Country of Issue \_\_\_\_\_ Religion \_\_\_\_\_

Nationality \_\_\_\_\_ Country of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Work \_\_\_\_\_ Name of Org. \_\_\_\_\_

Office Tel. \_\_\_\_\_ Fax: \_\_\_\_\_ Box No. \_\_\_\_\_ E-mail \_\_\_\_\_

Home Tel. \_\_\_\_\_ Mobile \_\_\_\_\_ P.O.Box No. \_\_\_\_\_

