



St. Nicholas

Application for (class): _____

Date of visit: ____/____/____

Application for (date): _____

Initial Student Information Form

Student's Name

Date of birth (DD/MM/YY) / / Place of birth:.....

Nationality: Gender: Male Female

Home spoken language:..... Other spoken language(s):.....

Home address:

City/ State/ Country:

Expected length of stay in Brazil:.....

Name of current school / Country :

Language of Instruction Current level:

Previous School(s): Years attended:

Family Information

Father's name:

Nationality: Home phone :

E-mail: Mobile:

Company:..... Work phone:

Mother's name:

Nationality: Home phone :

E-mail: Mobile:

Company:..... Work phone:

Marital status: Single Married Separated Divorced Widow

Siblings in School: Yes No Name(s)/Year :

Siblings applying? Name(s)/Date of birth:





Education and Schooling

Child's level of English understanding			Child's level of spoken English			Child's level of written English		
High	Med	Low	High	Med	Low	High	Med	Low

Does your child have English classes? Yes No:

If yes, for how long?.....

Does your child have any special interests:

Academic

Musical

Sporting

Other

Has your child ever been part of a special academic programme:

- Gifted and Talented: Yes No (Please specify):
- Special Needs (IEP): Yes No (Please specify):

Has your child ever been asked to leave a school for academic or behavior issues?

Yes No (Please specify):

Additional Information

How did you hear about St. Nicholas?

Friends or family with children attending the school

Name(s):

Internet Other (please specify)

Comments (Admissions)

Signed

Date