



St. Nicholas School Application for Admission

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Date of visit ____/____/____

Applying for (class) _____

Desired starting date ____/____

Pupil Information

Pupil name _____

Date of birth (dd/mm/yy) ____/____/____ Place of birth _____

Nationality _____ Gender Male Female

Home spoken language _____ Other spoken language(s) _____

Home address _____

Post code _____ City, State and Country _____

Expected length of stay in Brazil _____

Name and country of current school _____

Language of instruction _____ Grade level _____ Years attended _____

Name and country of previous school _____

Family Information

Parent (1) _____

Nationality _____ Home phone _____

Email _____ Mobile _____

Company _____ Work phone _____

Parent (2) _____

Nationality _____ Home phone _____

Email _____ Mobile _____

Company _____ Work phone _____

Parents marital status: Single Married Separated Divorced Widow

Siblings at St. Nicholas? Yes No Name(s) and Year(s) _____

Siblings applying? Yes No How many? _____

Name(s) and date(s) of birth _____

Education and Schooling

Pupil levels of English

Understanding

High [] Med [] Low []

Speaking

High [] Med [] Low []

Writing

High [] Med [] Low []

Does your child have English classes? Yes [] No [] If yes, for how long? _____

Does your child have any special interest?

Academic _____

Musical _____

Sports _____

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 behaviour issues? Yes [] No []

If yes, please provide us more details _____

Additional Information

How did you come to know St. Nicholas?

[] Friends or family with children attending the school

Please, provide us the name(s) _____

[] Internet

[] Other (Please specify) _____

Comments (for Admission use)

Date ____/____/____

Name _____

Signature _____