



1. CHILD'S PERSONAL DETAILS

Family name	<input type="text"/>	First name	<input type="text"/>	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Date of birth (DD.MM.YYYY)	<input type="text"/>	Place of birth	<input type="text"/>		<input type="checkbox"/> F	<input type="checkbox"/> M
Nationality	<input type="text"/>	Passport number	<input type="text"/>	Recent Photo Here		
Mother tongue	<input type="text"/>	Second language	<input type="text"/>			
Intended Year Group	<input type="text"/>					
Intended length of stay in France	<input type="text"/>					

2. DETAILS OF PREVIOUS SCHOOLS

Name of school	Country	From (month/year)	To (month/year)	From (age)	To (age)	English speaking school	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y	<input type="checkbox"/> N
						Yes	No

3. PARENT/GUARDIAN INFORMATION

FATHER		MOTHER		GUARDIAN	
Family name	<input type="text"/>	Family name	<input type="text"/>	Relationship to child	<input type="text"/>
First name	<input type="text"/>	First name	<input type="text"/>	Family name	<input type="text"/>
Nationality	<input type="text"/>	Nationality	<input type="text"/>	First name	<input type="text"/>
Company	<input type="text"/>	Company	<input type="text"/>	Nationality	<input type="text"/>
Home address	<input type="text"/>	Home address	<input type="text"/>	Company	<input type="text"/>
Tel. (home)	<input type="text"/>	Tel. (home)	<input type="text"/>	Home address	<input type="text"/>
Tel. (office)	<input type="text"/>	Tel. (office)	<input type="text"/>	Tel. (home)	<input type="text"/>
Mobile	<input type="text"/>	Mobile	<input type="text"/>	Tel. (office)	<input type="text"/>
E-mail 1	<input type="text"/>				
E-mail 2	<input type="text"/>				

4. HEALTH INFORMATION

Does your child have any health issues that may require attention whilst at school?

Y N

If so, please give details including information about any medication being taken

Yes No

5. PAYMENT INFORMATION

School fees paid by

Employer % Parent % Guardian %

Address for sending invoices

Address for sending correspondence

6. DECLARATION

I enclose a copy of my child's two latest school reports and two recent passport photographs of my child;

I hereby certify that the information provided on this form and the enclosed documents is accurate and complete.

Signature

Name (in print)

Date of application

Please return the form and enclosed documents by post or e-mail to:

The Admissions Office
Kingsworth International School
56, rue de Passy
75016 Paris, France
Tel: + 33 1 42 88 67 38, +33 6 75 77 82 39
E-mail: admissions@kingsworth.fr

At Kingsworth, we have a rolling admissions process. Once the application form and required documents are received, the admission decision will be made within five working days. The Admissions Committee may offer a place based on the information provided alone. An interview and assessment test may be requested by the Admissions Committee before finalising an admission decision.

For office use only

Date received

Date of decision

Interview request sent (if required)

Accepted

Waiting list

Not accepted

Interview date and time

Class offered

Comments