



ALETHEA INTERNATIONAL SCHOOL

No 13,15,17 Sri Mahabodhi Road, Dehiwela

PHOTO

New Admission Form

Form No Date of Issue Date Returned

Please read carefully and fill in the relevant

Date for Test: _____ Time: _____

Date for Interview: _____ Time: _____

1. Details of Student

✚ Application for Admission to Grade: _____

✚ Full Name: _____

✚ Home Address: _____

✚ Home Telephone No: _____

✚ Religion: _____

✚ Nationality: _____

✚ Date of Birth: _____/_____/_____(DD/MM/YYYY)

✚ Last school attended : _____

✚ Last grade promoted from : _____

If Non Sri Lankan

✚ Passport No: _____

✚ Citizenship: _____

2. Details of Parents

✚ Fathers Name: _____

▪ Office Address: _____

▪ Occupation: _____

▪ If Business State What Kind: _____

▪ Office Tele No: _____

▪ Mobile No: _____

▪ E-mail Address: _____

✚ Mothers Name: _____

- Office Address: _____

- Occupation: _____
- If Business State What Kind: _____
- Office Tele No: _____
- Mobile No: _____
- E-mail Address: _____

If student is with a guardian. Please fill in the details below.

✚ Guardian Name: _____

- Office Address: _____

- Occupation: _____
- If Business State What Kind: _____
- Office Tele No: _____
- Mobile No: _____
- E-mail Address: _____

3. Other Details

If any sisters or brothers are presently studying in this school.

✚ Name: _____ Grade: _____

✚ Name: _____ Grade: _____

✚ Name: _____ Grade: _____

4. Medical History

✚ Family Doctors Name: _____

✚ Telephone No: _____


✚ Mobile No: _____

✚ Medical History: _____

✚ Allergies/Injuries: _____

5. Special Achievements/Aptitudes of Student

 Sports:

 Co-curricular Activities:

Participation in extra curricular activities and sports is a tested and proven key to success in studies and enhances employability. Therefore, we at Alethea offer students a wide range to choose from.

It is compulsory for students to do at least one extra curricular activity and one sport. See attached leaflet for details.

Statement of Declaration

I hereby declare that the particulars given by me are true and I am aware that this application will be rejected if particulars furnished by me are found to be incorrect. In the event I am chosen, I promise to abide by the school rules of Alethea. I am aware that if I am found guilty of violating the rules and regulations of the school that my school career will be terminated without notice.

I am in agreement of the above conditions

Parent's signature

PLEASE NOTE THAT ANY FEES PAID WILL NOT BE REFUNDED. SCHOOL FEES ARE PAYABLE IN THE FIRST WEEK OF EVERY TERM (a term comprises 4 months)

It is compulsory for Parents to be a member of the Alethea School Development Society(PTA).

I am already / willing to be a member of the school ASDS(PTA).

Parents Signature

<u>Payment Form Issued</u>	<u>Date of Payment</u>