



# 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: \_\_\_\_\_ Year(\_\_\_\_\_)

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone No: \_\_\_\_\_

Religion: \_\_\_\_\_

Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(DD/MM/YYYY)

*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 the 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. Family & Social History**

✚ If both parents are away from home during the morning. Please state arrangements for child's care when he/she is not at school.

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

+ Does the child have a room alone? \_\_\_\_\_ If not, with whom?  
\_\_\_\_\_

+ Who has cared for the child other than his/her parents? (State whether adults or teenagers)  
\_\_\_\_\_  
\_\_\_\_\_

+ Has the child had any prior play group or related experiences?  
\_\_\_\_\_

+ Where? \_\_\_\_\_

+ Does the child have any neighbourhood playmates?  
Specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

+ When and with whom does child watch TV?  
\_\_\_\_\_

## 5. Development of Child History

+ Age at which child:

- Crept on hands and knees \_\_\_\_\_
- Sat alone \_\_\_\_\_
- Named simple objects \_\_\_\_\_
- Repeated short sentences \_\_\_\_\_
- Slept through the night \_\_\_\_\_
- Began toilet training \_\_\_\_\_

+ Word child uses for urination \_\_\_\_\_ Bowel Movement (BM)  
\_\_\_\_\_

+ Usual time for B.M \_\_\_\_\_

+ Does child dress self? \_\_\_\_\_ Undress self? \_\_\_\_\_

+ Is child right or left handed? \_\_\_\_\_

+ Time of meals : Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner  
\_\_\_\_\_

+ Is the family vegetarian? \_\_\_\_\_ Other dietary restrictions?  
\_\_\_\_\_

✚ What time does child go to bed at night? \_\_\_\_\_ Awaken?

\_\_\_\_\_

✚ Does he/she sleep well? \_\_\_\_\_

✚ What are the child's favourite :

✚ Indoor Activities \_\_\_\_\_

✚ Outdoor Activities \_\_\_\_\_

✚ Does child play with water? \_\_\_\_\_ Walk/Run barefoot?

\_\_\_\_\_

✚ Does child have any particular fears that you are aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

✚ Does child have any speech problems?

\_\_\_\_\_

✚ Does child have any other problems that we should be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

✚ What method of behaviour control is used in your home?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

✚ What is the child's usual reaction to this?

\_\_\_\_\_

✚ How would you describe your child's personality?

\_\_\_\_\_

## 6. Medical History Of Child

✚ Family Doctors Name: \_\_\_\_\_

✚ Telephone No: \_\_\_\_\_

✚ Mobile No: \_\_\_\_\_

✚ What past illness has he had? At what age?

▪ Chicken pox \_\_\_\_\_

▪ Diabetes \_\_\_\_\_

- Mumps \_\_\_\_\_
  - Measles \_\_\_\_\_
  - Hepatitis \_\_\_\_\_
  - Other \_\_\_\_\_
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✚ Does the child have frequent colds? Explain

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✚ Tonsillitis? \_\_\_\_\_ Ear aches? \_\_\_\_\_

✚ Stomach aches? \_\_\_\_\_ Does he/she vomit easily? \_\_\_\_\_

✚ Does he/she run high fevers easily?

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✚ Has he had any serious accidents? Explain

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✚ If child allergic? \_\_\_\_\_ If so, how does it usually manifest itself?

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✚ Do you know what his allergy is caused by?

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✚ Has the child been to a dentist? \_\_\_\_\_

✚ Has he/she had his/her vision tested? \_\_\_\_\_

✚ Has he/she had his/her hearing tested? \_\_\_\_\_

✚ Does he/she wear corrective shoes? \_\_\_\_\_

✚ Please give a statement of your evaluation of your child's overall health?

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**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 my child is chosen, I promise to abide by the conditions of Alethea. I am aware that if I am found guilty of violating the conditions of the school that my child's 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)***

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*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).* \_\_\_\_\_

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*Parents Signature*

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