



THE INTERNATIONAL PREPARATORY SCHOOL
Mrs. Lesley Easton Allen - Headmistress

Photograph

APPLICATION FORM

Full Name of applicant: _____
Surname, First Name, Middle

Gender: _____ Age at time of application: _____ Date of Birth: _____
Day/Month/year

Primary Citizenship: _____ Other Citizenships: _____

First Language: _____ Second Language: _____

Other languages (spoken at home) : _____

If English is not the first language, how many years has the applicant studied English?: _____

Grade applying for: _____ Proposed Entrance Date: _____

Last grade completed: _____ Previous school : _____

Contact name and telephone number: _____

FAMILY INFORMATION:

Parent/Guardian 1 _____
Surname, First Name, Middle

Relationship to applicant: _____ Educational Background: _____
College/University

Profession: _____ Employer: _____

Home Address: _____ Work address: _____

Home Telephone/Landline: _____ Telephone/Cellular: _____

Work Telephone: _____ Fax Number: _____

Emails: _____

Parent/Guardian 2 : _____
Surname, First Name, Middle

Relationship to applicant: _____ Educational Background: _____
College/University

Profession: _____ Employer: _____

Home Address: _____ Work address: _____

Home Telephone/Landline: _____ Telephone/Cellular: _____

Emails: _____

Family Information continues.....

Siblings:_____ Name , age and school:_____

Is child adopted () Yes () No Has child been separated from parents due to divorce, separation, other () Yes

No () If your answer is yes, please explain who has the custody and who should the correspondence be sent to:

() Parent 1 () Parent 2 () Both

GENERAL INFORMATION:

How did the applicant learn about THE INTERNATIONAL PREPARATORY SCHOOL?

() INTERNET () Brochure () friends whose children attend The International Preparatory School

Current school_____ Current Grade:_____

Reason for leaving:_____

Has the child ever been suspended or expelled from any school for any reason? If yes, please explain.

Describe your child in three adjectives:

1:_____ 2._____ 3._____

Particular abilities:_____

BEHAVIOUR AT HOME:

	Frequently	Sometimes	Seldom	Never
Does the child play independently ?				
Does the child work independently ?				
Does the child cry?				
Is child aggressive with peers?				
Is child aggressive with adults?				
Does child have poor appetite?				
Does child have difficulty sleeping ?				
Does child like to be alone?				
Does child dress/(undress with help?				
Does child have a low tolerance to frustration?				

() It is my understanding that my child will be enrolled in the INTERNATIONAL PROGRAMME

() It is my understanding that my child will be enrolled in the CHILEAN NATIONAL PLAN , therefore, it is my responsibility to ensure his preparation is done independent of the school.

MEDICAL INFORMATION:

List any significant health consideration (disabilities, allergies, etc) : _____

Is the child under medication? If yes, please state name and dosage: _____

If the child has had any support or went to neurologist, psychologist, language therapy, learning specialist, etc....please include report.

Any comments you may wish to add: _____

Parent 1 Signature: _____ Parent 2 Signature: _____

EMERGENCY CONTACT: _____

Date: _____

Headmistress' Signature: _____

NB: All information is treated confidentially unless otherwise authorized by parents/guardian. This application is not complete until payment of First Registration is made and Financial rules are signed and handed to Administration.