



N.I.C.E. International School

The Association for Negombo International Children's Education

31/2 School Lane, Wester Seaton Estate, Kadirana North, Demanhandiya,

Tel: + (94) 31-2234512 | + (94) 77-1583322 | + (94) 70-3234512

Email: principal@nicelk.com | adminmanager@nicelk.com

Web: www.nicelk.com

APPLICATION FOR ADMISSION

Note: 1. Please fill up one form per child; 2. Put "N/A" if not applicable

A) Student's Basic Details

Student's Full Name : _____
First Middle Last

Preferred Name (if any): _____

Home Address: _____

Date of Birth : ____ / ____ / ____ (DD/MM/YYYY)

Gender : Male /Female

Nationality of the Child : _____ (As per the Passport)

Contact Numbers for Emergencies:

a.) Name _____ Relationship _____ Tel No. _____

b.) Name _____ Relationship _____ Tel No. _____

With whom does this student live? (Please tick the box)

Both Parents

Father

Mother

Guardian

Please paste a recently
taken passport size colour
photo of the student

B) Student's Educational Background

COUNTRY (Most recent as first)	Grade Level	From	To	Remarks

C) Language Skills:

- 1) What language(s) are spoken at home: _____
- 2) Language of instruction in previous school(s): _____
- 3) Can your child read English? YES / NO If Yes: GOOD / FAIR / ELEMENTARY
- 4) Can your child write in English? YES / NO If Yes: GOOD / FAIR / ELEMENTARY
- 5) Can your child speak English? YES / NO If Yes: GOOD / FAIR / ELEMENTARY
- 6) Mother tongue of Father: _____
- 7) Mother tongue of Mother: _____
- 8) Special Interests of Child: _____

Please indicate any special interests/talent your child has. (e.g. Art, Music, Dance, Sports.)

D) Student's Important Information (Treated Confidential):

- 1) Have there been any unusual developmental events that may currently affect your child?
(For example, loss of parent or sibling, illness or divorce).

2. Has he/she ever been dismissed or suspended from a school? Yes / No

If Yes please explain: _____

E) Student's Health Information:

1) Does your child have any allergies to food? Yes / No
If Yes please list them: _____

2) Does your child have any allergies to Drugs or Medication? Yes / No
If Yes please list them: _____

3) Is your child currently taking any medication? Yes / No
If Yes please list the name(s) of the medication(s) and the reason(s) for use:

4) Has your child ever undergone any surgeries? Yes / No
If Yes please state what and why. _____

5) Are there any issues or concerns, such as psychological/medical treatment or conditions, which the school should be aware of? Yes / No
If Yes please explain: _____

6) Child's Blood Type: _____ RH Factor: _____

F) Parent's / Guardian's Information:

Father's Information

Father's Name: _____

English Speaking: Yes / No

Home Address: (if different from the student): _____

Home Phone Number (if different from student): _____

Occupation/Title: _____

Company/ Firm name: _____

Business Phone: _____ Mobile phone: _____

Email: _____

Mother's Information

Mother's Name: _____

English Speaking: Yes / No

Home Address: (if different from the student): _____

Home Phone Number (if different from student): _____

Occupation/Title: _____

Company/ Firm name: _____

Office Phone: _____ Mobile: _____

Email: _____

Guardian's Details (only applicable if the child lives with a guardian):

Guardian's Name: _____

English Speaking: Yes / No

Home Address: (if different from the student): _____

Occupation/Title: _____

Company/ Firm name: _____

Residence Phone: _____ Mobile: _____

Email: _____

Notes:

I hereby make an application for admission of the above named child to the "Association for Negombo International Children's Education (N.I.C.E. International School)". I agree to adhere to all rules and regulations of N.I.C.E. International School, including but not limited to the following;

- 1) That the grade placement is the prerogative of the school.
- 2) That school fees will be paid upon entry and promptly before the beginning of each billing period.

- 3) That my child will attend school regularly and I shall call the school office the morning of my child's absence then provide the Principal/Administration/Teacher a written explanation whenever he/she is absent due to illness in my child's *Student Record Book* which is provided by the school.
- 4) I will make sure that my child is punctual and arrives in school and at his/her lessons on time.
- 5) That I will maintain a liaison with the school in matters of homework, discipline etc., concerning my child.
- 6) That my child will participate in all school sponsored functions, field trips, away from the main campus.
- 7) That my child will participate in all school classes including P.E. and swimming unless there is a sound medical reason that they may not and submit the reason in writing and obtain approval from the Principal.
- 8) That I will to the best of my/our ability respect the school calendar and plan my/our vacations around my child schedule.
- 9) I will inform the school as soon as possible in writing, anytime I remove my child from school for any length of time. I/We will ensure that the work provided for my child during any absence will be completed and returned to the teacher upon his/her return to school.
- 10) In event of the school being unable to contact me I consent that the school may arrange such medical treatment as may be deemed necessary for my child.

I hereby place my signature in the space given below as the confirmation of accepting the rules and conditions of the school listed above.

Signature over full name of Parent or Guardian

Date

FOR OFFICE USE ONLY

Principal's Endorsement

Student's Name _____

Age _____

Placement Test Date _____

Placement Test _____

(please mention which subjects)

Placement Test Results _____

Remarks _____

Class Assigned _____

.....

Principal's Signature & Date

Date Admitted

.....
Admin. Manager's Signature & Date

Date of Payment Settlement

.....
Accountant's Signature & Date