For office use only	
Form No:	
Issued Date:	
Index No:	Billabona
Class:	High Sollie Handler School Sch

Please fix a recent passport size photograph

Billabong High International School - EPS Campus Ameenee Magu, Malé, Republic of Maldives T: (960) 302 2041 E: admissions@billabonghigh.mv, W: www.billabonghigh.mv

## **APPLICATION FOR ADMISSION**

(To be filled by Parent / Guardian of Child )

Welcome to Billabong High! We kindly request that you carefully complete this form. Please read and sign the Parent Contract and submit the form together with the security deposit (equivalent to one month's school fee) and the registration fee to the Billabong High Front Office at the address given above.

You will be informed through the contact number provided once the admissions procedure is completed. Admissions forms are typically processed within 2-3 working days. If you wish to amend or submit additional documentation, please contact us at 3022041.

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STUDENT INFORMATION		
Full Name of the Student: [CAPITAL LETTERS only]		
Date Of Birth: DD MM MYYYY Gender: MD F Seeking Admission for: Grade		
Preferred Campus: EPS Campus Dream Campus Nationality:*Note: Applicable for Grades 1 & 2 only*		
Present Address: Road: Road:		
Permanent Address: Road:		
Island / City: Country:		
ENCLOSED DOCUMENTS		
Please tick the boxes below to confirm that you have enclosed the necessary documents		
Photocopy of the student's Birth Certificate / ID Card / Passport (delete which ever is not applicable)		
2 recent passport size photographs of the student (including the one affixed to page 1 of this application)		
The student's leaving certificate of the previous school		
Copy of the most recent term's report		
Copy of all the vaccination reports		



STUDENT EDUCATIONAL INFORMATION			
Curriculum Affiliation of Previous / Present School: IGCSE Any other (Please specify)			
Present / Previous School :	Present / Previous Grade:		
Present School's last term's Grade / Average:			
Does your child have any special educational needs?			
If yes, please explain the child's special needs. (If your child has been diagnosed with a learning disability, please submit any diagnosis reports along with this application for admissions)			
Can your child feed him/herself? Y N Is he or sh	Can your child feed him/herself? Y N Is he or she toilet trained? Y N		
Has your child been involved in any significant disciplinary incidents	at his/her previous or present school? Y N		
If yes, please explain the incident(s) and attach any related document	nts		
FAMILY INFORMATION  Mother	Father		
FAMILY INFORMATION			
FAMILY INFORMATION  Mother	Father		
FAMILY INFORMATION  Mother  Mother's Name:	Father Father's Name:		
Mother  Mother's Name:  Current Address:	Father  Father's Name:  Current Address:		
FAMILY INFORMATION  Mother  Mother's Name:  Current Address:  Permanent Address:	Father  Father's Name:  Current Address:  Permanent Address:		
FAMILY INFORMATION  Mother  Mother's Name:  Current Address:  Permanent Address:  Island / Atoll:	Father  Father's Name:  Current Address:  Permanent Address:  Island / Atoll:		
FAMILY INFORMATION  Mother  Mother's Name:  Current Address:  Permanent Address:  Island / Atoll:  Country:	Father  Father's Name:  Current Address:  Permanent Address:  Island / Atoll:  Country:		
FAMILY INFORMATION  Mother  Mother's Name:  Current Address:  Permanent Address:  Island / Atoll:  Country:  Occupation:	Father  Father's Name:  Current Address:  Permanent Address:  Island / Atoll:  Country:  Occupation:		
FAMILY INFORMATION  Mother  Mother's Name:  Current Address:  Permanent Address:  Island / Atoll:  Country:  Occupation:  Name of Organization / Employer:  Address ( Business / Office ):	Father  Father's Name:  Current Address:  Permanent Address:  Island / Atoll:  Country:  Occupation:  Name of Organization / Employer:  Address ( Business / Office ):		
FAMILY INFORMATION   Mother   Mother's Name:   Current Address:   Permanent Address:   Island / Atoll:   Country:   Occupation:   Name of Organization / Employer:   Address ( Business / Office ):   Telephone: Mobile:	Father  Father's Name:  Current Address:  Permanent Address:  Island / Atoll:  Country:  Occupation:  Name of Organization / Employer:  Address ( Business / Office ):  Telephone:  Mobile:		
FAMILY INFORMATION  Mother  Mother's Name:  Current Address:  Permanent Address:  Island / Atoll:  Country:  Occupation:  Name of Organization / Employer:  Address ( Business / Office ):	Father  Father's Name:  Current Address:  Permanent Address:  Island / Atoll:  Country:  Occupation:  Name of Organization / Employer:  Address ( Business / Office ):		
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FAMILY INFORMATION  Mother  Mother's Name:  Current Address:  Permanent Address:  Island / Atoll:  Country:  Occupation:  Name of Organization / Employer:  Address ( Business / Office ):  Telephone:  E-mail:  ID /Passport No:	Father  Father's Name:  Current Address:  Permanent Address:  Island / Atoll:  Country:  Occupation:  Name of Organization / Employer:  Address ( Business / Office ):  Telephone:  Mobile:  E-mail:		

INFORMATION OF GUARDIAN (IF OTHER)	
Name of Guardian/Parent:	Relationship to Child:
Current Address:	Road:
Permanent Address:	Atoll/Island:
Occupation:	ID / Passport No:
Name of Organization / Employer:	
Address ( Business / Office ):	
Telephone: Mobile: E	≣-mail:
PARENT / GUARDIAN CONTRACT	
I, parent/guardian of <u>(child's name)</u> , 1 (BHIS), to provide a high quality education for my child and agree	fully believe in the capacity of Billabong International High School to the following terms:
	and develop my child's study habits at home. I will support my child's with events or assemblies as I am available. I will provide a nurturing nents.
<ul> <li>I will support BHIS and positively represent the school: As a pits administration, and its faculty. I will represent the school at all f</li> </ul>	parent and member of the school community, I will support the school, functions and events in the best possible manner. If I have a concern solve it. I will work in good faith with the school to resolve any issue I
•	end parent teacher conferences, respond to communication from my opments that may affect my child's performance/experience at school
	ze that, for the educational and developmental benefit of my child, BHIS may ld at school. I will work with BHIS Special Education staff as professionals in
<ul> <li>I will prioritize keeping my child in the classroom. I will not take my during the term. In the event that I need to pick up my child early from s</li> </ul>	child on extended holidays, in which they will miss long periods of school, school (e.g. for a doctors visit), I will inform the school ahead of time.
	<b>S policies and procedures:</b> I understand that school fees are charged be made in 12 equal installments over the year. I agree to promptly pay parent and student handbook
I will return all textbooks in good condition at the end of the acad	emic year: I understand that textbooks remain the property of BHIS and cademic year or in the event of withdrawal. I understand that failure to do
• In the event that I transfer or withdraw my student, I will follow all wi	thdrawal procedures: In case I withdraw my child, I will notify the school by and that any outstanding fees or payments will be reduced from my security eposit within fifteen (15) working days.
Signature of Parent or Guardian  Name of Parent or Guardian	
FOR OFFICE USE ONLY	
Date of Submission:	Admissions Approved By:
Date of Registration:	Date of Approval:
Date of Commencement:	Name:
Form Processed By:	Designation:
Signature:	
Receipt No:	Signature: