BRIGHT STAR COMMUNITY SCHOOL

APPLICATION FOR ADMISSION

AFFIX PASSPORT PICTURE HERE

CHILD'S INFORMATION

Full Name: _____ Gender: _____

Date of Birth: _____ Country Of Birth: _____
(DD/MM/YY)

Residential Address: _____

GPS Address: _____

Home Contact Numbers: _____

Religion: _____ Place of Worship: _____

EDUCATIONAL BACKGROUND

SCHOOLS ATTENDED	**DATES ATTENDED**

* Attach copies of the last two terms school reports.

Which class is the child currently in? _____

Which class are you applying for? _____

Reasons for wanting the child to leave their present school _____

_____

_____

FAMILY INFORMATION

RELATIONSHIP (please tick): FATHER ☐ MOTHER ☐ GUARDIAN ☐

Name: _____ Nationality: _____

Tel: _____ Occupation: _____

Home Address: _____

E-Mail Address: _____

Name & Address of Employer: _____

_____

Please turn over

SIGNIFICANT DATA (please tick)

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other (please provide details)_____

If not with parent(s), please give details:

_____

_____

_____

* How did you first hear about Bright Star Community School? ☐ Adverts ☐ Relatives ☐ Friends

Other (please specify) _____

FOR OFFICE USE ONLY

Assessment Date: _____

Grades/Comments:

_____

_____

_____

Admitted: ☐ Yes ☐ No Class Admitted To: _____

Conditions of Admission:

_____

_____

Date: _____ Signature: _____

Principal/ Administrator

SCHOOL MEDICAL FORM

Name of student: .....

Date of birth: ..... Nationality: .....

Parents home address : .....
.....
.....
.....
.....

Emergency tel. number: ..... Fax number : .....

Email address : .....

Name, address and relationship of contact person in case of health related problem, if different from the above: .....
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.....
.....

For Parents

1. Please complete the details at the top of this page.
2. The Doctor's Medical Certificate must be completed by your child's Medical Doctor.
3. Please ask the Doctor to sign the form, and return it directly to the School Nurse.
4. Please ensure your child's vaccinations are up-to-date – see page 3; vaccinations required are marked with an asterisk (*).
5. MEDICINE – for the safety and wellbeing of your child, please do not send any medicine to school, except those detailed on this form.
6. Please contact the Bright Star Community School if you have any queries or concerns: e-mail info@brightstarcsedu.com

Doctor's Medical

To be completed by a Medical Doctor. This form will be given to the School's Head Master.

Name of student : .....

Date of birth : ..... Nationality : .....

All students require a current medical examination.

Previous History (tick box), if yes please specify:

a. Contagious diseases: no ☐ yes ☐
.....

b. Allergic diseases: no ☐ yes ☐
.....

c. Metabolic diseases: no ☐ yes ☐
.....

d. Cardiovascular diseases: no ☐ yes ☐
.....

e. Diseases of the nervous system: no ☐ yes ☐
.....

f. Diseases of the digestive system: no ☐ yes ☐
.....

g. Diseases of the respiratory tract: no ☐ yes ☐
.....

h. Haematological diseases: no ☐ yes ☐
.....

i. Diseases of the muscles/bones: no ☐ yes ☐
.....

j. Other diseases: no ☐ yes ☐
.....

k. Surgery: no ☐ yes ☐
.....

l. Accidents: no ☐ yes ☐
.....

Current health condition: Please detail any current physical or psychological diseases or illness requiring treatment or counselling and provide a detailed medical report in English.

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Current medication

Name of medicine	Dose	Amount	Frequency

Please complete the vaccination record below :

VACCINE	DATE					
Diphtheria*						
Tetanus*						
Polio*						
MMR*						
Hepatitis B**						
Varicella ***						
HPV** 11-14 year old girls						
Meningococcal C						
Other						

* Required vaccinations for school admission
** Recommended vaccinations
*** Has the child had chicken pox? If no, consider vaccination

Doctor's signature

Name: .....

Signature: .....

Date: .....

Contact details
(e-mail/telephone/fax) : .....

For Nurse use only

Student Name: .....

Date: .....

Weight: ☐ Height: ☐ BMI for age: ☐

Does the student have any medicine with him/her (give details) ?

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How will the medicine be managed ?

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Concerns:

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