



APPLICATION FORM

This application is considered incomplete without a **Seat Fee:** \$300.00 and **Registration Fee:** \$200.00
The above fees are required by **all applicants**, is non-refundable and is not deducted from fees should your child be accepted.
Additionally an **Assessment Fee:** \$100.00 is required for all students entering Royal 2's – Primary.

(PLEASE PRINT)

For processing to take place, please ensure that all relevant parts of this application is completed accurately.

Child's Name: _____
First Name Middle Name Family Name

Preferred Name: _____ Age: _____ Sex: Male Female

Date of Birth: _____
Day Month Year Country of Birth: _____

National Insurance No.: _____ Religion: _____ Denomination: _____

First Language: _____ Language spoken in the home: _____

Circle all that apply: Father is Deceased Mother is Deceased Parents Divorced Parents Separated

Father Remarried Parents Separated Mother Remarried

Child lives with his/her: Mother Father Both Grandparents Guardian listed below:

FAMILY INFORMATION:

Father's Full Name: _____
First Middle Last

Nationality: _____ House No. _____ Street: _____

City: _____ Country: _____ P.O.Box: _____

Place of Employment: _____ Work Hours: _____

Occupation: _____ Branch/Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____

Mother's Full Name: _____
First Middle Last

Nationality: _____ House No. _____ Street: _____

City: _____ Country: _____ P.O.Box: _____

Place of Employment: _____ Work Hours: _____

Occupation: _____ Branch/Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____

Guardian's Full Name: _____

Nationality: _____ House No. _____ Street: _____

City: _____ Country: _____ P.O.Box: _____

Place of Employment: _____ Work Hours: _____

Occupation: _____ Branch/Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____

PICK UP & EMERGENCY CONTACTS:

In the event of an emergency, in which case neither parent can be reached, the following persons are authorized to function as guardians of my child and may be notified of the emergency. They also serve as authorized persons for pick up. *Please place contacts in the order that you would like contact to be made.*

Name: _____ Relationship: _____ Phone: _____

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DEVELOPMENT HISTORY (REQUIRED FOR STUDENTS ENTERING NURSERY – PRESCHOOL)

Please select by circling the child's method of birth: Full Term Premature Complications

Please indicate by which age the child began:

Sitting: _____ Crawling: _____ Walking: _____ Talking: _____

Please circle Yes or No to the following questions:

Is the Child a Good Climber? Yes No Does the child fall easily: Yes No

Does the child speak in words? Yes No Does the child speak in words? Yes No

Should we be aware of any **learning style** needs the child may have that may interfere with normal performance in regular classes? _____

TOILETING (REQUIRED FOR STUDENTS ENTERING NURSERY – PRESCHOOL)

Is the child able to advise his or her wish to use the bathroom? Yes No

What word is used for Urination? _____

What word is used for a bowel movement? _____

Does the child have regular accidents? Yes No

Does the child need help with toileting? Yes No

Does the child wet his or her bed at night or at nap time? Yes No

SCHOOL INFORMATION (PRIMARY SCHOOL APPLICATIONS ONLY)

Present School Name: _____ Dates of Attendance: _____

School Address: _____ Principal: _____ Phone: _____

Other schools attended in the last 3 years:

School Name: _____ City: _____ Dates of Attendance: _____

School Name: _____ City: _____ Dates of Attendance: _____

School Name: _____ City: _____ Dates of Attendance: _____

Current Grade Level: _____ Grade Applying for: _____ Proposed Date of Entry: _____

SIBLINGS & RELATIVES

Information about brothers & sisters of the applicant:

Name of Sibling 1 : _____ Age: _____ School: _____

Name of Sibling 2 : _____ Age: _____ School: _____

Name of Sibling 3 : _____ Age: _____ School: _____

Does the child have a relative who previously attended Royal Kidz? Yes No

Name of Relative: _____ Relationship to child: _____

MEDICAL

Name of Child's Doctor: _____

Business Address: _____ Business Telephone: _____

Please indicate by circling any communicable disease the child may have:

Measles Mumps Chicken Pocks Other: _____

Please provide any Physical Disabilities: _____

Please provide any known allergies: Food allergies | asthma | hay fever | insect bites | food

Please provide any medication the child may be allergic to: _____

Please provide any medication given to the child regularly: _____

Should we be aware of any **health** needs or medical history the child may have that may interfere with normal performance in regular classes or in the athletic program? _____

PHOTO SUBMISSION

Please glue a recent photo of your child in the space below.



FOR OFFICIAL USE ONLY

Name of Student Completed Application Form

Registration Fee \$_____ Birth certificate

Seat Fee \$_____ Passport

Assessment Fee \$_____

Recommendation: Accept Accept Provisionally Decline Wait List

Interview Contact made by: _____

Testing Appointment Date: _____ Notes: _____

Date: _____

Administrators Name: _____ Signature: _____