



JOHN DEWEY
H.S. SCHOOL

ADMISSIONS FORM

Child's Name: Mr. Ms.

Child's Photo
2 Photos Extra

Previous School / Pre-School

Grade Completed

Section 1 – About the Child

Date of Birth

Nationality

Primary Language

Any Other Language(s) Spoken

Nature of the Child

Quiet

Noisy

Adventurous

Extrovert

Complacent

Introvert

Social

Caring

Sensitive

Sharing

Inquisitive

Peevish

Other

Please use the following space to tell us more about your child.

Section 2 – Adults the Child Lives With

(In the Order of Preferred Contact Person from School)

Name

Relationship

Cell

Home No

Office No

Name

Relationship

Cell

Home No

Office No

Name

Relationship

Cell

Home No

Office No

Name

Relationship

Cell

Home No

Office No

Name

Relationship

Cell

Home No

Office No

Section 3 – Expectations from John Dewey School:

Academic

Others

Section 4 – Brothers and Sisters of the Child

Is the child you are enrolling the eldest of your children? Yes / No

Is the child you are enrolling the only one of your children? Yes / No

Please list brothers / sisters if you have answered “No” to either question above:

Name	Date of Birth	School currently attending

Section 5- Medical Information and Doctor

Please describe, if the child has allergies or other health issues and medication or specific treatment required

Doctor's Name

Address

Contact

Section 6- Immunization Record

Tuberculosis (BCG)
Date: DD/MM/YY

DPT + Hbs Ag
Date: DD/MM/YY

Measles
Date: DD/MM/YY

Others
Date: DD/MM/YY

Others
Date: DD/MM/YY

Section 7 – Additional Information:

Regular meals at home

The child loves to eat

The child hates eating

Section 8 – Extra Services Required

Please tick/ fill in as applicable:

Transportation Service Yes No

If Yes,

Two way – to and from School?

One way to school? One way from school?

Section 9 – Location Map



Section 10 – How did you find out about us?

Visit Hoarding Board Recommended by

Paper Ad Word of mouth Others

Declaration

We confirm that the information we have provided is correct to the best of our knowledge and authorize John Dewey School to use our information for admissions and other internal purposes of the school. We also express our commitment to partnering with John Dewey School during this course of education to be followed by our child.

Signed Father / Mother / Guardian

Name

Date