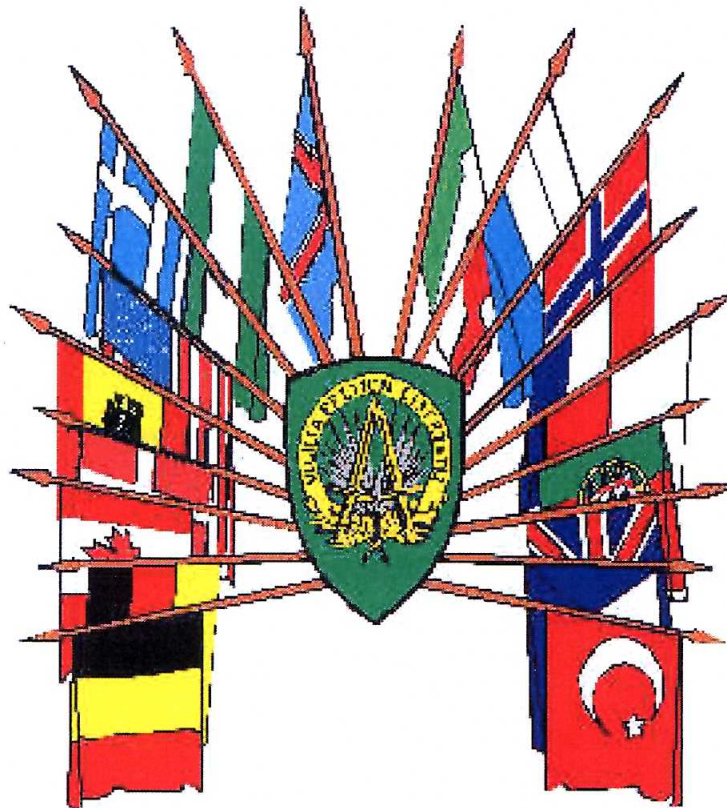


Please note:
Pupils will start school the
Day after registration at the school
Office.

SHAPE International School (British Section) BFPO 26



TEL: SHAPE Mil Ext 5283
Civil: 0032 65 445283

FAX: SHAPE Mil Ext 5614
Civil: 0032 65 445614

Pupil Admission Form

Please complete details overleaf

FOR OFFICE USE – TO BE COMPLETED ON ADMISSION

Date of Admission	<input type="text"/>	Admission No:	<input type="text"/>
Home Telephone No:	<input type="text"/>		
Father's Place of Work:	<input type="text"/>	Telephone No:	<input type="text"/>
Mother's Place of Work:		Telephone No:	
Contact for Emergencies: (If difference from above)	<input type="text"/>		
School Meal:	<input type="text"/>	Packed Lunch:	<input type="text"/>
School Insurance Paid:	<input type="text"/>	Date Tour Ends:	<input type="text"/>
Bus Pupil:			
Entitled:	<input type="text"/>	Non-entitled:	<input type="text"/>
		Fee Paying:	<input type="text"/>
School Visits form given (date):	<input type="text"/>	Completed form returned:	<input type="text"/>
Emergency Contact form Given (date):	<input type="text"/>	Completed form returned:	<input type="text"/>
SENCO informed for pupils with SEN:	Y / N	Date:	<input type="text"/>

DOCUMENTATION RECEIVED FROM PREVIOUS SCHOOL

National Curriculum Record:	<input type="text"/>	Medical Records:	<input type="text"/>
Transfer Report:	<input type="text"/>	Portfolio/ Work Samples:	<input type="text"/>
Request for records sent to previous school (date):	<input type="text"/>	Date records received:	<input type="text"/>

Child's Surname

First Name(s)

Name Known by (if different):

Date of Birth:

Family Surname (if different):

Nationality:

Home Language:

Sex:

Expected Date of Arrival:

Religion:

Address:

Current	SHAPE

Head of Household's (HoH) UIN at SHAPE (Shown on posting Notice and required for budgetary purposes).

Telephone Numbers:
(Home and Work Ext)

SHAPEID No:
Date of Expiry:

HoH's Name:
Service & Rank:

SHAPE Unit:
Address:

No of Children in Family:

Child's Position in Family:
(e.g. 1st, 2nd, 3rd)

Total Number of Schools Previously Attended:

Name and Address of Previous School:

Telephone No of Previous School:

Is your child bilingual? If yes, which languages?

Any Other Information Which May be Useful to School:

Parents'/Guardians'* Certificate (*Delete as Appropriate)

I certify that the above particulars are correct and I agree to abide by the terms and regulations relating to Service Children's Schools. I also undertake to ensure that my child will attend regularly and observe school rules.

Signature:

Date:

