

PRIMARY Student Application Form

Date of Application:..... Interviewer
Name.....

1. Student Information

Name: Nickname:

Gender: M / F ID number:

.....

Date of birth: Age: Weight: Height:

Religion: Blood type:

Home address:

.....

.....

.

Sibling names and ages: (older brothers/sisters, younger brothers/sisters)

Name:..... Date of birth: Age:

Name:..... Date of birth: Age:

2. Family Information

Primary Guardian (1)

Name: Relationship:

Do you live in the same house as student? Yes / No (circle)

Business/Occupation: Workplace:

Telephone number: Line ID:

Facebook: Email:

Primary Guardian (2)

Name: Relationship:

Do you live in the same house as student? Yes / No (circle)

Business/Occupation: Workplace:

Telephone number: Line ID:

Facebook: Email:

3. Emergency Contact

(This number is used if the above two numbers cannot be reached.)

Name: Relationship:

Telephone number:

4. Student's Personal Information

PSED: Self-confidence, self-awareness, managing feelings and behaviour:

- Who spends most time with the child at home?.....
- What are your child's favourite play activities at home?
- How many hours per day does your child spend using a screen / watching TV?
.....
- Play with other children of similar age after school? Yes / Sometimes / Never
- Has attended another school? Yes / Sometimes / Never
- Has a 'nanny' who helps with play and routines? Yes / Sometimes / Never
- Meets new people on a regular basis? Yes / Sometimes / Never
- Does your child have any major fears or phobias?
.....

5. Communication & Language

- First language spoken at home:
- Does your child hear or speak a second language at home?
- Follow simple instructions (e.g., sit down)? Yes / Sometimes / Never
- Speech is clear and easily understood? Yes / Sometimes / Never
- Is the English language ever spoken at home? Yes / Sometimes / Never

6. Physical Development

Movement & Handling:

- Can walk, run and climb comfortably? Yes / Sometimes / Never
- Can swim independently? Yes / No

Health and Self-Care:

- Regularly washes hands? Yes / Sometimes / Never
- Brushes teeth twice a day? Yes / Sometimes / Never
- Can dress and undress by themselves? Yes / Sometimes / Never

Food and Nutrition:

- Eat a varied diet? Yes / Sometimes / Never
- Special dietary requirements (e.g., religion, allergies)?

.....

7. Additional Information

Is there anything else which may help us to learn more about your family and your child?

.....

.....

8. Special Educational Needs (SEN)

Do you have any concerns about your child's development?

.....

Is your child seeing a doctor or development professional? Yes / No If yes,

reason?.....

9. Emergency Medical Support

Family Doctor Name and Telephone Number:

Preferred Hospital in Case of Emergency:

10. Expectations for Your Child's Education

.....

.....

11. Access to IT

Does your child have regular access to IT for KKIS Homework Activities?

Tablet / Laptop / Tower?

.....

.....

12. Required Documents for New Students Enrolment

1. Student Application Form
2. Previous School Academic Report/School Letter (if any)
3. A copy of student's birth certificate

4. Doctor Certificate - immunisation records
5. A copy of student's identification (ID card, House Registration or Passport)
6. A copy of student's Father identification (ID card, House Registration or Passport)
7. A copy of student's Mother identification (ID card, House Registration or Passport)
8. Student's photo (passport-sized)
9. Parents's photo (passport-sized)
10. Other.....

13. Parent/Family Agreement

I/we have read the KKIS Family Handbook and I/we agree to work in partnership with KKIS Directors and Teachers to provide the best possible opportunities for our child. We will adhere to KKIS policies and procedures.

Signature:

Name:

Date:

For Administration Use Only

Expression of Interest (1st):

Parent Interview (2nd):

Application Submitted (3rd):

Fee Payment (4th):

Notes:

.....

.....