

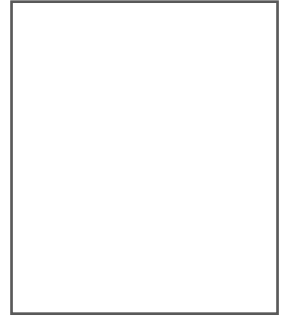


No 13, 15, 17 Sri Mahabodhi Road, Dehiwala

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ADMISSION FORM

Form No:	Date Issued:	Payment Receipt No:
Date Returned:	Date & Time for Test:	Date & Time for Formal Interview:

1. STUDENT DETAILS

1. Admission sought for Grade: Year _____ Month _____ School _____	
2. Full Name: First Name _____ Middle Name _____ Surname _____	
3. Preferred Name (Only 1 Name & Surname-This is used for all administration purposes)	
4. Permanent Address	
5. Residential Address	
6. Date of Birth: (dd/mm/yyyy)	7. Gender: Male _____ Female _____
8. Home Telephone No:	9. Nationality:
10. Religion: Buddhist _____ Catholic/Christian _____ Islam _____ Hindu _____ Other(Please Specify) _____	
11. NIC No:	12. Mother Tongue:
13. Citizenship: (If Non-Sri Lankan)	14. Passport No: (If Non-Sri Lankan)

2. PARENTS & GUARDIANS DETAILS

Details	Father	Mother	Legal Guardian
15. Name in Full:			
16. Permanent Address:			
17. Postal Address:			
18. Nationality:			
19. Religion:			
20. NIC/Passport No: -			
21. Occupation:			
22. Residence Tel. No:			
23. Mobile No:			
24. Company Name:			
25. Office Telephone No:			
26. Office/Home Fax No:			
27. Office Address:			
28. Email Address:			
29. Specimen Signature			

3. LEGAL DETAILS OF THE CHILD

30. Are there any special custody arrangements? Yes No		<i>(If yes please submit a copy of your court order and/or formal legal documents to the school office.)</i>	
31. If a guardian is appointed, please provide following, 2. Letter signed by parents appointing the guardian. 4. Recent photograph of the guardian.(within last 6 months)		1. Letter of acceptance signed by the guardian. 3. Copy of Covid-19 Vaccination Card. 5. Copy of NIC / passport of the guardian.	
32. Child lives with ((Please tick) Both Parents Single Parent If Yes, Mother / Father Legal Guardian			

4. MEDICAL DETAILS OF THE CHILD

33. Blood Group:	34. Any Known Allergies:
35. If the child is on any long-term medication: Yes No	If Yes please specify:
36. Any special Health issue: (eg : history of fits) Yes No	If Yes please specify:
37. Any congenital illness: Yes No	If Yes please specify:
38. Any significant accidents, injuries or operations: Yes No	If Yes please specify:
39. Other Health concerns Hearing issues: Yes No Vision: Yes No Speech : Yes No Dental issues: Yes No	
40. What past illnesses has the child had? At what age? Chicken pox: Yes No If yes, age: Measles: Yes No If yes, age: Mumps: Yes No If yes, age: Hepatitis: Yes No If yes, age: Diabetes: Yes No If yes, age: Others:	

5. SOCIAL DETAILS OF THE CHILD

41. Home Environment - Adults/children in the home - Names	Relation to child (mother, father, sister, brother, etc.)	Age	Language(s) spoken with child

42. On a typical day, what type of activities does your child engage in, and with what frequency?

Activity	Yes	No	How Long Per Day?
Reading			
Time alone			
TV viewing			
Playing with others			
Playing outside			
Computer/video games			
Other:			

6. DETAILS OF PREVIOUS SCHOOLS ATTENDED

Name of the School& Country	Medium	Last grade	Leaving certificate Attached (Yes/No)

7. DETAILS OF SPORTS AND EXTRA-CURRICULAR ACHIEVEMENTS

Sport / Activity	Event / Competition	Achievement

8. DETAILS OF SIBLINGS

Name	School	Adm No. (Alethea Only)	Class

9. DETAILS OF EMERGENCY CONTACT

Contact name	Tel (Mob.)
Relationship	Tel (Work/Home)

10. DOCUMENTS SUBMITTED:

1. Original Birth Certificate + 2 copies	2. Parents' NIC/Passport copies
3. Guardian letter, photo, vaccine and NIC	4. Original Leaving Certificate/s + 2 copies
5. All academic reports & records + 1 copy	6. Completed medical examination report
7. Custody documents (If applicable)	11. Immunization Records
8. 6 Current passport photographs of the applicant	12. Covid Vaccination Cards(Applicants/parents)
9. Visa documents (For foreign applicants)	13. Psychometric report (LRC)
10. Passport copy (foreign student)	14. Guardian form + relevant documents

DECLARATION

PLEASE NOTE THAT ANY FEES PAID WILL NOT BE REFUNDED. SCHOOL FEES ARE PAYABLE IN THE FIRST WEEK OF EVERY TERM (a term comprises 4 months)It is compulsory for Parents to be a member of the Alethea School Development Society (PTA).

Participation in extracurricular activities and sports is a tested and proven key to success in studies and enhances employability. Therefore, we at Alethea offer students a wide range to choose from. It is compulsory for students to do at least one extracurricular activity and one sport.

If admission is granted for my child, I hereby solemnly declare and affirm that the particulars given above are true and correct; and if any are found to be incorrect, I agree to remove my child from the school. Furthermore, I undertake to abide by all existing rules and regulations of the school and to accept any further conditions administered by the school management. Further I undertake to be cooperative with the Board of Management in all aspects and ensure that my child will strictly abide by the code of discipline and ethics of the school. Further I agree to accept the decision(s) made by the Board of Management as final and conclusive. Further it shall be my responsibility to see that my child shall abide by the decision(s) of the Management. I also agree to settle all fee payments by the due date and that failure to do so will result in a payment of a surcharge as per the school policy.

In agreement to abide by the above and consent to be a member of the Alethea School Development Society,

Name of Parent 1	Signature of the Parent 1	Date
Name of Parent 2	Signature of the Parent 2	Date

ANNEXURE 1 – FOR PRE-GRADE ONLY

1. Describe his/her eating habits (e.g. doesn't like certain foods, etc.)
2. Describe his/her sleeping habits (e.g. number of hours, etc.)
3. Which hand does your child prefer using? Left Right No preference
4. How does your child communicate his/her likes, dislikes, needs to you and others in their first language (e.g. uses words, sentences, points, gestures)?
<p>5. At approximately what age did your child do the following:</p> <p>Sit alone:</p> <p>Walk alone:</p> <p>Use his/her first words:</p> <p>Use his/her first phrases:</p> <p>Use his/her first sentences:</p>
6. Does your child speak clearly enough to be understood most of the time?



Name of Parent 1	Signature of the Parent 1	Date
Name of Parent 2	Signature of the Parent 2	Date

ANNEXURE 2 – FOR ADVANCED LEVEL ONLY

Please attach copy of result sheet(should be certified)

EXAMINATION RESULTS

1. Name of Exam	
2. Local/London	
3. Month/Year	

Subject	Results

#LiveGiveGrow

Name of Parent 1	Signature of the Parent 1	Date
Name of Parent 2	Signature of the Parent 2	Date