



School
International School

No 13, 15, 17 Sri Mahabodhi Road, Dehiwala

Tel : 0094 112 714 849/ 0094 114201439

Email : info@alethea.lk/admissions@alethea.lk Web : www.alethea.lk

Passport

Photograph

ADMISSION FORM

GRADE 1 - 11

In addition to completing this form, parents / guardians must ensure that they bring the following documents when they next visit Alethea School/Alethea International School

1. A current photograph of the applicant
2. A copy of the applicant's most recent school report

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: <input type="checkbox"/> Buddhist <input type="checkbox"/> Catholic/Christian <input type="checkbox"/> Islam <input type="checkbox"/> Hindu <input type="checkbox"/> 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, 1. Letter signed by parents appointing the guardian. 2. Letter of acceptance signed by the guardian. 3. Recent photograph of the guardian. 4. Copy of NIC / passport of the guardian.	
32. Child lives with ((Please tick) Both Parents <input type="radio"/> Single Parent <input type="radio"/> If Yes, Mother <input type="radio"/> / Father <input type="radio"/> Legal Guardian <input type="radio"/>	

4. MEDICAL & SOCIAL 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: _____		
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?			
Reading : _____	Time alone : _____		
TV. viewing: _____	Playing with others: _____		
Computer/video games: _____	Playing outside: _____		
Other: _____			
43. Describe his/her eating habits (e.g. doesn't like certain foods, etc.) _____			
44. Describe his/her sleeping habits (e.g. number of hours, etc.) _____			
45. Which hand does your child prefer using? Left / Right / No preference			
46. 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)?			

5. DETAILS OF PREVIOUS SCHOOLS ATTENDED

Name of the School & Country	Medium	Last Grade	Leaving Certificate Attached-Yes/No

6. DETAILS OF SPORTS AND EXTRA-CURRICULAR ACHIEVEMENTS

Sport / Activity	Event / Competition	Achievement

7. DETAILS OF SIBLINGS

Name	School	Adm No. (Alethea Only)	Class

How did you hear about Alethea? Please tick

Website Personal reference Print media Social media Other _____

Documents submitted:

Birth Certificate	<input type="radio"/>	Parents' NIC/Passport copies	<input type="radio"/>
Guardian letter, photo and NIC	<input type="radio"/>	Leaving Certificate/s	<input type="radio"/>
All academic reports & records	<input type="radio"/>	Completed medical examination	<input type="radio"/>
Custody documents (if applicable)	<input type="radio"/>	Immunization Records (if applicable)	<input type="radio"/>

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

OFFICE USE ONLY

Date of Admission:	Grade:	Academic Year:
Admission Number:	Remarks:	
Signature of Head of School:	Date:	