



GRENVILLE SCHOOLS

(Fear God, Excel and Lead)

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APPLICATION FORM

STUDENT'S INFORMATION

Last Name of Student _____
First Names of Student _____
Home Phone _____ Gender _____
Date of Birth _____ Place of Birth _____
1st Nationality _____ 2nd Nationality _____
Languages spoken _____

Upload picture here

EDUCATION

Previous School attended _____
Address of previous School _____
Number of years at this School _____ Classes attended _____

ADMISSION DETAILS

School year applying for _____ Entry Date _____
Grade applying for _____ Qualifying Class _____

FAMILY INFORMATION

Name of Parent 1/Guardian 1

Kinship _____ Nationality _____
Native language _____ Other languages spoken _____
E-mail _____ Cell phone number _____
Address (if different from above) _____
Profession _____ Employer _____
Work address _____
Work phone _____ Fax _____

Name of Parent 2/Guardian 2

Kinship _____ Nationality _____
Native language _____ Other languages spoken _____
E-mail _____ Cell phone number _____
Address (if different from above) _____
Profession _____ Employer _____
Work address _____
Work phone _____ Fax _____

How did you hear about GVS? _____

Note: Parents & Guardians should attach latest passport photographs to this form. Please provide additional information regarding your family situation that you wish to mention:

The student resides with: _____
Name of siblings _____
Date of birth _____
Attending School/s _____
Grade/s _____

PAYMENT INFORMATION

Is your child's tuition paid by an organization? _____
(If YES, please provide contact information for the person responsible for payment to address the letter to).

Name and industry of the organization _____
Name of contact _____ Phone _____
E-mail _____ Fax _____

If NO, please provide name of parent/guardian responsible for all payments: _____
Do you wish to apply for academic/other achiever's assessment? _____
Specify previous achievement record _____

OTHER INFORMATION

Please list the reasons why you wish to enroll your child at GVS: _____

Has your child ever received any academic or other support within or outside school? (i.e. extra lessons, speech therapy, special learning programs, counselling...) If YES, please describe. You may write on a separate sheet and submit it with this document.

Is your child required to take prescribed medication on a regular basis? Please specify _____

Though not on any medication, if he/she has any health issue, please specify _____

Disclaimer and authorizations:

Correspondence and billing: Please note that all general correspondence will be sent to the parent.1/ Guardian.1 and all bills to the person listed in the payment section unless otherwise stated in writing by the Parent(s)/Guardian(s).

Pictures: GVS reserves the right to reproduce student photos in the school's promotional material and publications unless otherwise instructed in writing by the student's Parent/Guardian.

Acknowledgement: GVS expects acknowledgement to every correspondence/communication sent to parents by mail/text/letter ASAP.

Name of person completing this application _____

SIGNATURE _____ DATE _____

FOR OFFICIAL USE ONLY

Received by: _____ Date received: _____

Fees: _____ Conference with Parents: _____

Decision + Date: _____

Comments: _____

