



Sintra International Christian Academy **Enrollment Form: 2018/19**

YOUR €200.00 REGISTRATION FEE MUST BE ATTACHED TO THIS FORM
(The registration fee for additional siblings will be €100.00 each, to be submitted at the time of their registration. **Non-refundable**)

***Personal Information:**

Student's Full Name: _____

Gender: M _____ F _____ Languages Spoken At Home: _____

Passport Number: _____ Date of Birth: _____

Place of Birth: _____ Grade Entering: _____

Address: _____

City, Zip-Code: _____

Student Lives With: both parents / mother / father / other legal guardian

Mother's Name: _____

Mother's Cell: _____ Mother's Work No: _____

Mother's email: _____

Father's Name: _____

Father's Cell: _____ Father's Work No: _____

Father's email: _____

Emergency Contact's Name (besides parents): _____

Relationship: _____ Phone Number: _____

Email: _____

Do you attend a Church?: Yes ___ No ___ Religious Affiliation: _____

Name of Church: _____

Does the student have any Siblings? If so, please fill in the chart below:

Name:	Gender:	Age:

***Academic Information:**

Last School Attended: _____

Last Grade Completed: _____

Has the student ever repeated a grade? _____ If so, which? _____

Does the student have any medical conditions? If so, please describe: _____

Does the student take any medication for his/her condition? _____

Is the student allergic to any food or medication? If so, please describe: _____

Parent Signature: _____

Date: _____