



# **Sintra International Christian Academy** **Enrollment Form: 2019/20**

**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:** \_\_\_\_\_