RUPY'S INTERNATIONAL SCHOOL

Baphal, Tahachal
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APPLICATION FORM

FOR OFFICE USE ONLY

Admission No.: ______________________ Date of admission: ______________________

When notified: ______________________ Date of application: ______________________

Waiver signed: ______________________ Emergency release: ______________________

Registration fee paid: ______________________ Deposit paid: ______________________

Admission fee paid: ______________________ Deposit refunded: ______________________

A. General Information (PLEASE PRINT)

1. Name of the child ______________________ ______________________
   (FAMILY NAME) (FIRST NAME)
2. Date of birth ______________________ Age: __________ Yrs. __________ Mths.
   DAY - MONTH - YEAR
3. Child's Nationality: ______________________
4. Grade: ______________________
5. Nickname: ______________ Son: ______________ Daughter: ______________
6. Name of Father: ______________________ Mother: ______________________
7. Nationality of Father: ______________________ Mother: ______________________
8. Educational attainment and/or occupation of parents
   Father: ______________________ Mother: ______________________
9. Residential address: ______________________
10. Office address, including name of organization: ______________________
    ______________________ P.O.Box: ______________
11. Personal Email: ______________________
12. Telephone: Home: ______________ Office: ______________ Friend: ______________
13. Permanent address: ______________________
14. Persons other than parents to contact in case of emergency (Name and Telephone):
    ____
15. Name of parents you know, whose children are enrolled in Rupy's International School:
    ____

B. Information about the child

1. Has your child attended a School before? Yes ☐ No ☐ If yes, please describe briefly:

   ____

2. Languages spoken with your child: ____

3. Child's Birth Certificate or Passport No.: ____
   (To be shown to the Principal)

4. The inoculation form is attached. Please read it carefully. The inoculations listed must be completed before admission, and the form returned after you have been informed that the child has a place in the school. Please show us the yellow health card or other evidence of the dates of the inoculations.

5. Is there any other information which you feel we should know about your child?

   ____

C. Miscellaneous

1. Will your child require bus service? Yes ☐ No ☐

2. Is your child: Veg. ☐ Non-Veg. ☐

D. Parent's Information

1. Father's hobbies & talents.

2. Mother's hobbies & talents.

Please make a drawing of the location of your residence, in relation to the school. This is needed whether or not you require transportation. Use other side of this form if needed.

HEALTH RECORD FORM

1. **IB Test:** Required once a year unless child has received the BCG information.
2. **DPT:** A 3 - shot series given within the first year, followed by a booster one year after the last shot of the series, and another booster at age 5.
3. **Polio:** A series of 3 oral doses, followed by a booster one year after the last dose of the series and another booster at age 5.
4. **Measles/ Mumps/ Rubella:** One inoculation given at 12 months is all that required, followed by a booster at age 4-5.
5. **Meningococcal: Meningitis** This inoculation for meningitis is very important. Many cases of Meningitis have been reported in the Valley. The inoculation is good for 2 years.

It is **very important** that all children attending our school receive inoculation. Check to see that your child's shots are up to date! Please fill out the form below. Bring the form and your child's YELLOW CARD to the office. If you do not have a yellow card, have your doctor fill out and sign this form and bring it to the office. Please take care of this as soon as possible! Thank you for your cooperation.

INOCULATION RECORD

BCG:		Yes ☐	No ☐	Date:__________
IB Test:		Yes ☐	No ☐	Date:__________
	Results:	Neg ☐	Pos ☐	
DPT:	3 shot series:	Yes ☐	No ☐	Date:__________
	Booster:	Yes ☐	No ☐	Date:__________
Polio:	3 - dose series:	Yes ☐	No ☐	Date:__________
	Booster:	Yes ☐	No ☐	Date:__________
Measles/Mumps/		Yes ☐	No ☐	Date:__________
Rubelia:	Booster	Yes ☐	No ☐	Date:__________
Measles (only)		Yes ☐	No ☐	Date:__________
	Booster	Yes ☐	No ☐	Date:__________
Meningococcal		Yes ☐	No ☐	Date:__________
Meningitis	Booster:	Yes ☐	No ☐	Date:__________

Yellow Card: Yes ☐ No ☐ (checked by__________ Date:__________)

If you do not have a yellow card:

Doctor's Name:____________________ Telephone:__________

Doctor's Signature: ____________________ Date:__________

Emergency Release and liability waiver forms:

After we have notified you that your child is admitted to the school, the following two forms must be signed and returned to this office before the child can attend his or her first class.

LIABILITY WAIVER

Rupy's International School (The Children's Castle) will do its best to ensure the safety of the children at all times. However, the school cannot be held liable for injury or illness. Please read and sign the waiver below.

The undersigned recognizes that the Rupy's International School cannot be liable for injuries or illness incurred on the premises, or while transporting the children.

____________________________ ____________________________

Child's Name (Print) Parent's Guardian's Signature

Date: ________________________

EMERGENCY RELEASE FORM

If a child is ill or seriously hurt at school, we will naturally try to connect the parents immediately. In case we are unable to reach you at home or office, we may need to take some action for the welfare of the child.

In the event that my child is in need of immediate medical attention and you are unable to reach me, Rupy's International School has my permission to take my child, ____

Child's Name

To ______________________________

Name of physician and/or Medical Facility

or to do the following:

____

____

____

______________________________________ (Signature)

______________________________________ (Name Printed)

______________________________________ (Date)