



INTERNATIONAL ENGLISH
SCHOOL OF ABIDJAN

ADMISSION FORM

1. Please fill in the admission form below and enclose all the necessary documents as stated on the next page.
2. Information about parents' email addresses and cell phone numbers, Emergency contacts, and Persons authorized to pick child up may change over time. Please notify the administration for an update.
3. It's compulsory to fill the fields with the sign "*"

ATTACH
PHOTO

FOR PARENTS*		ONLY FOR ADMISSION OFFICE	
SCHOOL YEAR	<input type="text"/> - <input type="text"/>	DATE OF ADMISSION	<input type="text"/> / <input type="text"/> / <input type="text"/>
ADMISSION CLASS REQUIRED	<input type="text"/>	ADMISSION CLASS GIVEN	<input type="text"/>
		ADMISSION No. IESA/	<input type="text"/> - <input type="text"/>

PUPIL'S DETAILS*

<input type="text"/>			<input type="text"/>			<input type="text"/>			
FORENAMES			SURNAME			PREFERRED NAME			
DATE OF BIRTH	<input type="text"/> / <input type="text"/> / <input type="text"/>	PLACE OF BIRTH	<input type="text"/>			<input type="text"/>			
	DAY MONTH YEAR		TOWN/CITY			COUNTRY			
NATIONALITY	<input type="text"/>	FIRST LANGUAGE	<input type="text"/>			GENDER	<input type="radio"/> MALE <input type="radio"/> FEMALE	BLOOD GROUP	<input type="text"/>

PARENTS' DETAILS

FATHER/GUARDIAN		MOTHER/GUARDIAN	
<input type="radio"/> MR. / <input type="radio"/> DR. / <input type="radio"/> OTHER: _____		<input type="radio"/> MRS. / <input type="radio"/> MS. / <input type="radio"/> DR. / <input type="radio"/> OTHER: _____	
FULL NAME*	<input type="text"/>	FULL NAME*	<input type="text"/>
HOME ADDRESS	<input type="text"/>	HOME ADDRESS	<input type="text"/>
POSTCODE	<input type="text"/>	POSTCODE	<input type="text"/>
TELEPHONE	HOME <input type="text"/> WORK <input type="text"/>	TELEPHONE	HOME <input type="text"/> WORK <input type="text"/>
MOB 1*	<input type="text"/>	MOB 2*	<input type="text"/>
EMAIL 1*	<input type="text"/>	EMAIL 1*	<input type="text"/>
EMAIL 2*	<input type="text"/>	EMAIL 2*	<input type="text"/>
OCCUPATION	<input type="text"/>	OCCUPATION	<input type="text"/>
COMPANY	<input type="text"/>	COMPANY	<input type="text"/>
WORK ADDRESS	<input type="text"/>	WORK ADDRESS	<input type="text"/>

EMERGENCY CONTACT & DOCTOR'S DETAILS*

EMERGENCY NAME 1	<input type="text"/>	RELATIONSHIP TO CHILD	<input type="text"/>	MOB.	<input type="text"/>
EMERGENCY NAME 2	<input type="text"/>	RELATIONSHIP TO CHILD	<input type="text"/>	MOB.	<input type="text"/>
DOCTOR'S NAME	<input type="text"/>			MOB.	<input type="text"/>

MEDICAL NEEDS AND LEARNING SUPPORT*

NO RECOMMENDATIONS, CONCERNS OR NEEDS REQUESTING SCHOOL FOLLOW UP

MEDICATION
 DOES YOUR CHILD TAKE MEDICINE FOR SPECIFIC HEALTH CONDITIONS? YES (IF YES SPECIFY BELOW) NO
 LIST MEDICATION(S): 1. 3.
 2. 4.
 MEDICATION MUST BE GIVEN AND/OR AVAILABLE AT SCHOOL

ALLERGY
 HAS YOUR CHILD ANY ALLERGY? YES (IF YES SPECIFY BELOW) NO
 FOOD INSECT MEDICINE OTHER
 TYPE OF ALLERGIC REACTION
 RESPONSE REQUIRED NONE

OTHER INFORMATION
 IS THERE ANYTHING YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD MEDICAL CONDITIONS? YES (IF YES SPECIFY BELOW OR ENCLOSE CONFIDENTIAL SEPARATE SHEET) NO

 HAS YOUR CHILD ANY LEARNING DIFFICULTY THAT MIGHT AFFECT HIS/HER SCHOOL LIFE? YES (IF YES SPECIFY BELOW OR ENCLOSE CONFIDENTIAL SEPARATE SHEET) NO

PERSONS AUTHORIZED TO PICK CHILD UP*

1. NAME	RELATIONSHIP TO CHILD	MOB.
2. NAME	RELATIONSHIP TO CHILD	MOB.
3. NAME	RELATIONSHIP TO CHILD	MOB.

RULES AND REGULATIONS

1. Pupils are expected to wear the prescribed school uniform and to be clean and tidy at all times to and from school. Any modification to the uniform is not allowed.
2. Pupils must be courteous and respectful to everyone.
3. Pupils must be on their best behaviour even outside school.
4. School does not accept bullying of any kind by any pupils.
5. Pupils should complete their homework neatly and hand it in punctually.
6. Pupils must be punctual and regular for school and school activities.
7. Absence from classes, Exams and other school activities must be covered by a medical certificate or a letter of excuse from the parent/guardian.
8. Pupils must keep their classrooms and school premises clean.
9. Pupils must move quietly, briskly and in an orderly manner.
10. Pupils must handle school equipment and property with care.
11. Pupils are not allowed to bring mobile phones or any form of electronic gadgets at school. If found on pupils, these gadgets will be confiscated and parents/guardians will be asked to claim these items from the office.
12. Pupils are not allowed to bring jewels, drugs and any kind of dangerous tools (knives, sharp objects...).
13. Make up must not be worn to school by pupils. Coloured nail polish and nail decorations and extensions are not permitted.
14. Tinting, bleaching, colouring and any fashionable hair styling are not allowed.
15. Students should not wear any form of cosmetics, nor should there be body piercings, or unnatural body markings made with inks, paints, etc.
16. Any student who violates the school rules and regulations is liable to face disciplinary action.

DECLARATION BY PARENTS

We have read all the rules and regulation of the school and we declare that if our son/daughter/ward is granted admission, he/she shall abide by all the present rules of the school as also those framed from time to time.

We hereby authorize the school authorities to give first aid/get medically treated to our child/ward in case of any necessity.

We understand that the School may obtain process and hold personal information about our child, including sensitive information, such as medical details, and we consent to this for the purposes of assessment and in order to safeguard and promote the welfare of the child.

SIGNATURE *

NAME IN FULL *

RELATIONSHIP TO CHILD*

DATE*

DOCUMENTS REQUIRED (ONLY FOR ADMISSION OFFICE)

- | | |
|---|---|
| <input type="checkbox"/> COMPLETED APPLICATION FORM
<input type="checkbox"/> PLACEMENT TESTS (G1 to G12)
<input type="checkbox"/> REPORTS/TRANSCRIPTS/TRANSFER CERTIFICATE (PRIMARY AND ABOVE)
<input type="checkbox"/> RECEIPT OF ADMISSION FEE PAYMENT | <input type="checkbox"/> PHOTOCOPY OF BIRTH CERTIFICATE/PASSPORT
<input type="checkbox"/> ONE (1) RECENT PASSPORT PHOTOGRAPH
<input type="checkbox"/> CERTIFICATE OF VACCINATION ¹
<input type="checkbox"/> BLOOD GROUP PROOF PHOTOCOPY |
|---|---|

1. The vaccinations which are mandatory are: Meningitis AC (Méningite AC), Tetanus (Tétanos), Hepatitis B (Hépatite B), Yellow Fever (Fièvre Jaune) and MMR (ROR).

NB: It is mandatory for all documents to be submitted in full for an application to be considered.

LEAVING	LEAVING	LEAVING	LEAVING
DATE ___/___/___	DATE ___/___/___	DATE ___/___/___	DATE ___/___/___
CLASS _____	CLASS _____	CLASS _____	CLASS _____
SCHOOL YEAR ___/___	SCHOOL YEAR ___/___	SCHOOL YEAR ___/___	SCHOOL YEAR ___/___
REASON _____	REASON _____	REASON _____	REASON _____
REINTEGRATION	REINTEGRATION	REINTEGRATION	REINTEGRATION
DATE ___/___/___	DATE ___/___/___	DATE ___/___/___	DATE ___/___/___
CLASS _____	CLASS _____	CLASS _____	CLASS _____
SCHOOL YEAR ___/___	SCHOOL YEAR ___/___	SCHOOL YEAR ___/___	SCHOOL YEAR ___/___

Rue J71 - Il Plateaux Vallon, Cocody
08 BP 1828 Abidjan 08 - Côte d'Ivoire
 +225 22 41 72 17

+225 09 99 62 83 / +225 49 92 51 38
+225 06 17 37 31 / +225 49 38 85 80
 iesa@avisoci

RCCM N°CI-ABJ-2009-B-4295
CC N°0912861 X/ CNPS N°220463
 www.iesaci.com