

Office Use Only
Year:
Student ID:
Transcripts:
Date of Admin:
Admin Officer:



HCIS - HIGH SCHOOL
The Future Begins Here

STUDENT PHOTOGRAPH 2 x 2

ADMISSION FORM

Name of Student		English Name	
Gender			
NRC #			
Date of Birth			
Nationality			

Class Admitted Into		Academic Semester	
School Transportation	<input type="radio"/> YES <input type="radio"/> NO		

Father's Name			
Father's NRC			
Father's Address			
Father's Mobile		Email	
Mother's Name			
Mother's NRC			
Mother's Address			
Mother's Mobile		Email	

Last School Attended			
Grade Completed		Date Finished	

Please List Three People that are Authorized to Pick up Your Child from School					
Name		NRC		Mobile	
Name		NRC		Mobile	
Name		NRC		Mobile	
Security will ask for ID for anyone that is not a parent picking up a student					
Please provide a photo below for each person you are authorizing					

AUTHORIZED PERSON PHOTOGRAPH 2 x 2

AUTHORIZED PERSON PHOTOGRAPH 2 x 2

AUTHORIZED PERSON PHOTOGRAPH 2 x 2

Confidential Student Information

Does your child have allergies?	<input type="radio"/> YES	<input type="radio"/> NO
If YES, please list them		
Current Medication		
Previous Operations		
Can the school doctor administer medicine if necessary?	<input type="radio"/> YES	<input type="radio"/> NO
Do you agree to your child receiving first aid in case of an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Does your child have any illness, disabilities or require special attention?	<input type="radio"/> YES	<input type="radio"/> NO
If YES, please explain:		

We attest that the information provided above is true to the best of our knowledge.

Parent's Signature		Date	
Parent's Signature		Date	
Admin Signature		Date	