

ADMISSION FORM SIS SWISS INTERNATIONAL SCHOOL BRASÍLIA

PARENT/GUARDIAN #1 INFORMATION

Full Name:

RG/Brazilian ID (if applicable):	CPF:
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Nationality:	City of Birth:
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Education:

E-mail:

Profession:	Current Position:
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Residential Address:

Number/Complement	District:	Postal Code:
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Home Phone:	Work Phone:	Mobile:
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PARENT/GUARDIAN #2 INFORMATION

Full Name:

RG/Brazilian ID (if applicable):	CPF:
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Nationality:	City of Birth:
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Education:

E-mail:

Profession:	Current Position:
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Residential Address:		
Number/Complement:	District:	Postal Code:

Home Phone:	Work Phone:	Mobile:
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CANDIDATE STUDENT INFORMATION

Full Name:

Date of Birth:	Nationality:	City of Birth:
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Entrance Year Level:

School of Origin (if applicable):	Year Level of Origin (if applicable):
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Did the student pass the last academic year? () yes () no	Reason for changing school:
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IMPORTANT INFORMATION

1 – How did the family hear about SIS SWISS INTERNATIONAL SCHOOL (website, friends, etc.)? If indicated by someone, please mention the name of the person(s).

2 – What is the importance of an international education for your family? Does the student speak or understand any additional languages?

3 – Did / does the applying student have any pedagogical and/or behavioural issues in the school of origin?
If so, please explain the issues?

4 – Is the applying student undergoing any medical, psychological or therapeutic treatment or anything similar? If so, please explain and attach a copy of a professional report.

5 – Describe, in a few words, the main personal traits, likes and interests of your child.

We declare that the information provided herein is accurate and complete, and that we are aware of the admission process.

Brasília, _____ (day) _____ (month) _____ (year).

Signature of parent/guardian 1 of applying student

Signature of parent/guardian 2 of applying student