

## STUDENT APPLICATION FORM - KSI ALGARVE

### STUDENT INFORMATION

<b>Child's Surname</b>									
<b>First Name(s)</b>					<b>Preferred Name</b>				
<b>Gender</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>Age</b>		<b>DOB</b>	/ / (DD / MM / YY)	<b>Place of Birth</b>			
<b>Nationality</b>					<b>Passport nº</b> <input type="checkbox"/>	<b>ID nº</b> <input type="checkbox"/>			
<b>Proposed entry date</b>				<b>Year Level</b>			<b>Proposed length of stay</b>		

### EDUCATIONAL INFORMATION

#### Current School

<b>Name of school</b>										
<b>Address/Country</b>										
<b>Telephone/Fax</b>					<b>Website</b>					
<b>Head/Principal</b>					<b>Email Address</b>					
<b>Start Date /End Date</b>		/	/	<b>Present Year/Grade</b>						
<b>Type of School</b>		<input type="checkbox"/> International <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Boarding <input type="checkbox"/> Other								
<b>Programme</b>					<b>Language of Instruction</b>					

#### Previous School(s)

Name of School	City/Country	Start Date	End Date	Class
	,	/	/	
	,	/	/	
	,	/	/	
	,	/	/	

## ACADEMIC INFORMATION

Knightsbridge Schools International aims to ensure that we are providing all students with the learning environment best suited to learning needs. Please answer the following questions by checking **YES** or **NO** and by providing an explanation where appropriate. Please use a separate sheet if necessary. Admission and placement is dependent upon adequate and correct information being provided below.

QUESTIONS	Please check	If Yes, Please explain:
Has your child ever been tested or evaluated for any possible learning disabilities?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have any physical disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have any medical conditions of which the school should be aware?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child attended school regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*Please provide copies of any learning support assessments or reports from educational psychologists if they exist.

Please select your child's skill level in languages:

Language	Fluent	Proficient	Basic	No Knowledge
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Student Interests

### Co-Curricular Activities, Interests, Hobbies

Please tell us your child's interests, hobbies, preferred musical instrument and favourite extra-curricular activities:

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Is there anything else you would like to share?

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## PARENT INFORMATION

### Mother

<b>Title &amp; Surname</b>		<b>First Name</b>	
<b>Nationality</b>		<b>Passport No.</b>	
<b>Occupation</b>		<b>Business Name</b>	
<b>Address</b>			
<b>Business Phone</b>		<b>Business Email</b>	
<b>Home Phone</b>		<b>Home Email</b>	
<b>Mobile Phone</b>		<b>Other Contact</b>	

### Father

<b>Title &amp; Surname</b>		<b>First Name</b>	
<b>Nationality</b>		<b>Passport No.</b>	
<b>Occupation</b>		<b>Business Name</b>	
<b>Address</b>			
<b>Business Phone</b>		<b>Business Email</b>	
<b>Home Phone</b>		<b>Home Email</b>	
<b>Mobile Phone</b>		<b>Other Contact</b>	

### Other

<b>Family Situation</b>	<input type="checkbox"/> Parents married/living together <input type="checkbox"/> Parents married/living apart <input type="checkbox"/> Parents divorced/separated <input type="checkbox"/> Parent(s) deceased <input type="checkbox"/> Adopted child
<b>Legal Custody(if applicable)</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Father

### Caregiver *(Complete below if someone other than a parent will request information about your child or collect him or her from school)*

<b>Surname</b>		<b>First Name</b>	
<b>Relationship</b>			
<b>Telephone</b>		<b>Mobile Phone</b>	

## OTHER INFORMATION

### Siblings

Name	Age	Current School	Applying to KSI Algarve?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

How did you hear about KSI Algarve? Do you have any connections with the school or schools' group, Knightsbridge Schools International?

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### Predicted choice of transportation

<input type="checkbox"/> Family	<input type="checkbox"/> Driver/Taxi	<input type="checkbox"/> Other	<input type="checkbox"/> School Bus Service (when made available)
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### Parent Involvement

Knightsbridge Schools International believes that parent involvement is key to creating a close-knit community. If you are interested in taking an active role in the Knightsbridge Schools International Algarve community, please check the boxes next to those activities of interest:

<input type="checkbox"/> Parents Association	<input type="checkbox"/> Volunteering	<input type="checkbox"/> Other (Explain)
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Your child cannot be officially accepted until the Registrar has received all documents relevant to your submission. To complete the application, as discussed with KSI Admissions staff, please include the appropriate documents listed below:

- Previous School Records** (for the last three years (if applicable))
- Official English Translation of School Records** (if applicable)
- Student Reference (N, R, Y<sub>1</sub>) or Student Reference (Y<sub>2</sub>-Y<sub>6</sub>)** (if applicable)
- Student Drawing (K<sub>2</sub>-Y<sub>6</sub>)**
- Parent Questionnaire (N,R,Y<sub>1</sub>)**
- Parent Statement (N<sub>3</sub>-Y<sub>6</sub>)**
- Student Medical Information Form including Copy of the Vaccination Records**
- Annual Field Trip/Excursion Release Form**
- Copy of Child's ID or Passport**
- Copy of Child's fiscal number**
- Copy of Mother's Passport or ID**
- Copy of Father's Passport**
- Proof of Registration Fee Payment**
- School Fee Payment Agreement**
- 2 Photos of the student**

## Declarations

- I request that the above named child be registered as a prospective student. I understand that the standard terms and conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School.
- I understand also that the School (through the School Director, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and I consent to this for the purpose of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.
- I understand that school photos may be taken of children in class and while engaged in school activities. With the exception of internal communications, including the school newsletter and yearbook, children's names will not be used.

<b>Date</b>	/ / (DD / MM / YY)	<b>Parent or Guardian's Signature</b>	
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- I give my permission for my child's photo to be used for the purposes of school promotion (school newspaper, website, brochures, and advertisements).

<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date</b>	/ / (DD / MM / YY)	<b>Parent or Guardian's Signature</b>	
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- I consent and allow my child to participate in local field trips without a signed permission form. I understand that these trips will not involve transportation and that my child will be accompanied by KSI Algarve teachers and staff. I also understand that all trips involving formal transport will require a notice form that will be sent by the class teacher detailing the proposed trip.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date</b>	/ / (DD / MM / YY)	<b>Parent or Guardian's Signature</b>	
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- I declare that I have read and understood the information above. The information provided in this form is true and accurate to the best of my knowledge.

<b>Date</b>	/ / (DD / MM / YY)	<b>Parent or Guardian's Signature</b>	
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## INSTRUCTIONS FOR SUBMISSION

Please complete this form and return to KSI Algarve Head of Admissions as soon as possible to facilitate a decision by the administration and ensure ample notification.

- Email: [info@ksi-algarve.com](mailto:info@ksi-algarve.com)
- Phone: +351 289 701 022
- Post: KSI International Algarve  
Rua Dâmaso Encarnação 29, 8700 – 249 Olhão  
Portugal