

Stonehill International School
1st Floor Embassy Point
150 Infantry Road
Bengaluru 560 001
Karnataka India

T +91 80 4179 9999
M +91 99649 85752
E info@stonehillinternationalschool.org
www.stonehillinternationalschool.org

An Embassy Group Education Initiative



STONEHILL
INTERNATIONAL SCHOOL

APPLICATION FOR ENROLLMENT | Part One

Personal Data - Child

Family name

First name

Date of birth (DD/MM/YYYY) Sex M F

Nationality Place of birth

Proposed date of entry

Does the child have brothers / sisters in (or applying to) the school? Please Give names



Home Address

Street

City

Postal code

Country

E-mail Telephone

Personal Data - Family

Parent / Guardian last name First name

Relationship to child

Nationality Languages spoken

Mobile telephone

Employer Position / Function

Address

Telephone Email

Parent / Guardian last name First name

Relationship to child

Nationality Languages spoken

Mobile telephone

Employer Position / Function

Address

Telephone Email

How did you hear about us? Employer/Business contact website Stonehill family Other

If other, please specify

Language

Mother tongue (first language)

How many years of school has your child had in this language?

What language(s) does your child speak at home?

To parents/guardians To brothers/sisters

To grandparents To care-givers

What language(s) are spoken to your child?

By parents/guardians By brothers/sisters

By grandparents By care-givers

Which languages is your child studying at school?

English as an Additional Language (EAL)

Please complete the following section if your child and family usually speak a language other than English at home.

Has your child studied English? Yes No Please indicate years and hours per week

Received EAL/ESL support? Yes No Please indicate years and hours per week

Schooling History

Present school Dates attended

Address Grade(s)

..... Language of instruction

..... Telephone

Previous school 1 Dates attended

Address Grade(s)

..... Language of instruction

..... Telephone

Previous school 2 Dates attended

Address Grade(s)

..... Language of instruction

..... Telephone

What are your child's extra-curricular interests/hobbies?

Has your child ever experienced academic/social/emotional/behavioural difficulties in school? Yes No

If yes, please explain

Has your child ever received or been recommended for extra support in or outside of school? Yes No

If yes, please explain

Has your child ever received

Psychological assessment Yes No

Physical therapy Yes No

Occupational therapy Yes No

Speech and language therapy Yes No

If you have answered yes to any of the above, please include reports of tests of the therapy.

I declare that all information provided is correct and understand that false, inaccurate or misleading information could result in the student's withdrawal from school.

Signature of Parent or Guardian

Date

FOR OFFICE USE ONLY

Date received Grade apply

Year of entry Starting date

Family ID