



INTERNATIONAL CHRISTIAN SCHOOL OF CASCAIS

Avenida de Sintra, 1154
2750-494 CASCAIS PORTUGAL
Phone : +351 21 484 22 79
Email : admin@icsc.pt

Office use Only Pre-Admission

Application form _____
Director Approval _____
Interview Date _____
Testing Date _____

Post Admission

Accepted _____ Date _____
Photos _____
Registration fee _____
Tuition worksheet signed _____
Prev. school records _____
Health form _____
Medical records _____
Immunization Record _____
Copy of Passport _____
Visa or Residency _____
Parent "contribuinte" _____

Photo

APPLICATION FORM

Applying for grade _____
Academic year _____
Application date _____
Date Started at ICSC _____

STUDENT DETAILS – PERSONAL

Student 's name: _____
(First) (Middle) (Last)

Date of Birth: _____ Age: _____ Gender: _____

Language(s) spoken: _____

Nationality: _____ Place of birth: _____

Passport #: _____ Religion: _____

Student lives with: both parents / mother / father / guardian

Address : _____

Contact number: _____

STUDENT DETAILS – ACADEMIC

Name of Last School Attended: _____

Last Grade Completed: _____

School Name	Location / Country	Year / Grade Enrolled	Year / Grade Withdrawn	Language spoken at School

- Has this student ever repeated a grade: _____ If Yes, which grade: _____
- Has this student ever been suspended or dismissed from a school for academic, disciplinary or other reasons? _____

FAMILY DETAILS

FATHER / GUARDIAN	MOTHER / GUARDIAN
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Nationality: _____	Nationality: _____
Passport : _____	Passport : _____
Living at Students address: Yes / No	Living at Students address: Yes / No
Address: _____ _____	Address: _____ _____
Mobile Phone No: _____	Mobile Phone No: _____
Home Phone No: _____	Home Phone No: _____
Work Phone No: _____	Work Phone No: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Religion: _____	Religion: _____
Marital Status: Single / Married / Divorced / Separated / Widow	Marital Status: Single / Married / Divorced / Separated / Widow
Language(s) spoken: _____	Language(s) spoken: _____
Proficiency in English: None / Poor / Average / Good	Proficiency in English: None / Poor / Average / Good

Siblings or other children:

Name	Date of Birth	M / F	Name of School Attending	Grade

EMERGENCY CONTACT INFORMATION (other than parents)

Name: _____ Relationship to student: _____

Home: _____ Mobile: _____ Work: _____

GENERAL

Has your child ever had attendance / tardiness issues? _____ If Yes, please elaborate : _____

Do you have any concerns regarding your child's progress (academic, behavioral, physical)?

Has your child ever had any remedial testing (eg resource room, reading difficulty, learning disability, attention deficit disorder, etc)? If Yes, please elaborate : _____

Does your child have any medical condition that may affect his / her school performance? If Yes, please elaborate : _____

Describe your child's interests, talents, abilities : _____

Does your child participate in any extracurricular activities? _____

What expectations do you have of the education your child will receive at ICSC?
