



# INTERNATIONAL CHRISTIAN SCHOOL OF CASCAIS

Avenida de Sintra, 1154  
2755-322 CASCAIS PORTUGAL  
Phone : +351 21 484 22 79  
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### Office use Only Pre-Admission

Application form \_\_\_\_\_  
Director Approval \_\_\_\_\_  
Interview Date \_\_\_\_\_  
Testing Date \_\_\_\_\_

### Post Admission

Accepted \_\_\_\_\_ Date \_\_\_\_\_  
Photos \_\_\_\_\_  
Registration fee \_\_\_\_\_  
Contr. worksheet signed \_\_\_\_\_  
Prev. school records \_\_\_\_\_  
Health form \_\_\_\_\_  
Dismissal Form \_\_\_\_\_  
Photo Auth Form \_\_\_\_\_  
Copy of Passport / Visa \_\_\_\_\_  
Parent Agreement Signed \_\_\_\_\_  
Parent Fiscal Doc \_\_\_\_\_

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School Name	Location / Country	Year / Grade Enrolled	Year / Grade Withdrawn	Language spoken at School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

\_\_\_\_\_

\_\_\_\_\_

*The guardian assumes full responsibility for the accuracy of the statements made, as well as the documents submitted. ICSC has also advised that although the curriculum is internationally accredited, ICSC currently does not have Portuguese equivalency.*

\_\_\_\_\_

\_\_\_\_\_

Guardian Signature

Date