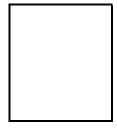


EAGLES GRAMMAR INTERNATIONAL SCHOOL Primary & Secondary



STUDENT APPLICATION FORM

Name (as per IC/Passport):				
Nationality:	Date of Birth:		Age:	Boy
Race:	Religion:			Girl
Birth Cert / IC/ Passport No.:				_
Home address:			Postcode:	
City:	State:			
DUCATION INFORMATION				
Previous School:				
Level Studied:				
Applying for:				
(Please tick the appropriate boxes)	Primary		Secondary	
(resserted appropriate soxes)	Y1		Y7	
	Y2 Y2		Y8	
	Y3		Y9	
	Y3 Y4		Y10	
	Y4 Y5		Y10 Y11	
	-			
	Y6		Y12	
ANALLY INCODRA ATION				
AMILY INFORMATION		1		
ITEM	FATHER		MOTHER	GUARDIAN
Name				
Nationality				
IC / Passport No.				
Religion				
Email				
Contact No.				
Mobile				
Home				
Office				
Occupation				
Name of Company				
MERGENCY CONTACT (Please tick)				
thers:				
EALTH & MEDICAL INFORMATI	ON			
ARTICULARS (Please circle where applica	ble)	REMARKS		
ergies YES / NO				
sthma YES / NO				
ther health concerns, please sta	ate:			
, prease se				
or office use only:				
or office use only:				
ate of Registration:				
ate of Registration: ate of Commencement:				
ate of Registration:			Signature o	of Parent / Guardian

Please attach: 1. 1 copy of birth cert

2. 2 copies of passport size photos

3. 1 copy of the leaving certificate of previous school + latest result $\,$