Application for Admission

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RECENT PHOTO

Student Information

Name: Last	First	Middle	Nickname
Date of Birth: Month	Day	Year	Gender: Male ☐ Female ☐
Citizenship:		Passport #:	
Does your child hold any other passport? Yes ☐ No ☐		If yes, specify country of issue:	
This Student is Applying for Admission to Grade:		Expected Start Date:	

Parent Information

	Father	Mother
Name		
Home Address in Cairo		
Home Telephone		
Citizenship		
Marital Status		
Occupation		
Employer		
Business Address		
Business Telephone		
Email		
Mobile Phone		

In Case of Emergency (if parents unreachable), contact:

Name/Relationship _____

Telephone _____

In whose name should tutition invoices be issued? Father ☐ Mother ☐ Organization ☐

Other Children in the Family

First Name	Date of Birth	Gender	SVS Student
		☐ M ☐ F	☐ Yes ☐ No
		☐ M ☐ F	☐ Yes ☐ No
		☐ M ☐ F	☐ Yes ☐ No

Language(s) most commonly spoken at home: _____

Last previous school: _____ Class size: _____

School Location: (City, State, Country): _____

Date attended: From _____ To: _____

Last grade completed: _____ Date completed: _____ Language of instruction: _____

School History (list all schools attended, most recent first)

Name of School	City, Country	Curriculum	Language of Instruction	Years Attended

	YES	NO	What Grade(s)
Has your child ever skipped a grade	☐	☐	
Has your child ever been retained	☐	☐	

Has your child ever been identified as (if yes to any of the below, please include a separate sheet providing details):

	YES	NO		YES	NO
Attention Deficit Disordered/Hyperactive	☐	☐	Developmentally Delayed	☐	☐
Speech and Language Disordered	☐	☐	Emotionally Handicapped	☐	☐
Having Behavioral Problems	☐	☐	Learning Disabled	☐	☐
Having Difficulty with School Adjustment	☐	☐	Slow Learner	☐	☐

Has your child received any of the following services (if yes, please include a separate sheet providing details):

	YES	NO		YES	NO
Gifted/Talented	☐	☐			
Learning Support	☐	☐	Tutor	☐	☐
Speech/Language	☐	☐	Physical Therapy	☐	☐
Remedial Math (e.g. Chapter I)	☐	☐	Occupational Therapy	☐	☐
Remedial Reading (e.g. Chapter I)	☐	☐	Supplemental Testing (e.g. psycho-educational)	☐	☐
Full Time Special Education	☐	☐	Special Education Assistance in the Classroom	☐	☐
Assisted by a Teacher's Aide	☐	☐	Counseling	☐	☐
Modifications (courses, tests, assignments)	☐	☐			

If received any other services (please explain): _____

	YES	NO	Please list and indicate reason:
Is your child currently taking any medication?	☐	☐	

Describe any physical problems, disabilities, or limitations your child may have:

Is there anything else you would like us to know about your child, including interests and hobbies?

- I hereby apply for the admission of the above named student to SVIS and agree that my child and I will abide by all the rules and regulations of the school.
- I authorize SVIS to administer all testing deemed appropriate by school personnel to assess my child's academic skills, educational needs, and progress during the term of my child's stay at the school.

- I/we consent to allow Smart Vision International School to use photographs and videos of my child on the SVIS website and/or for SVIS public relations purposes, with the understanding that at no time will my child's name appear in association with said photographs and/or videos without my express written permission.
- I/we certify that the information provided above is complete and correct and authorize Smart Vision International School to request further information from teachers/counselors/administrators for verification. I/we understand that if any information gained by Smart Vision International School through interviews or further reports does not match the information provided in this application, any offer of admission may be revoked. If the student has already been enrolled, he/she may be exited from SVIS with no refund.

Signature of Parent or Guardian _____ Date _____